CITY OF SAN JOSE RETIREMENT APPLICATION CHECKLIST

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1. <u>Complete the Retirement Application</u> noting the following items: • ORS requests that information and documentation be submitted **2-3 months prior** to your retirement date. This will allow timely processing of your retirement application. • If married, application must have **<u>spouse's signature</u>**. • **<u>Electronic Signatures Will Not Be Accepted</u>** • Effective date can be any date (as long as you are eligible). It is highly recommended that you retire the last day of the pay period to avoid potential time posting errors that can cause delays in payment or other unforeseeable discrepancies. Also note that the retirement effective date cannot be *prior* to the date the application is stamped "Received" by Retirement Services. • **Important Note Regarding Retirement Effective Date and Insurance Premiums:** As an active employee, your insurance premiums are deducted from your 1st and 2nd paychecks of each month. If you select a retirement date which will not allow the 2nd insurance premium to be deducted from your active payroll check, you will be billed for the 2nd insurance premium by Human Resources. Premiums for active insurance coverage will NOT be deducted from your retirement pension check.	
2. <u>Attach copies of birth certificates.</u> Please attach photo copies of the certified birth certificates. We need yours, your spouse/domestic partner's and those of any dependents who will be covered on your health and/or dental plans. **<u>NOTE:</u>** For this purpose, "certified" is defined as the document filed with the County Recorder in the county in which the birth took place.	
3. If you are married please **<u>attach a copy of the certified marriage certificate</u>** issued by the County in which you were married or **<u>Domestic Partnership Certificate and Declaration of Domestic Partnership (notarized).</u>** Ceremonial Certificates are not sufficient.	
4. If you were married while employed for the City and you have divorced, **<u>attach a copy of the complete divorce settlement that addresses your retirement and a copy of the Judgment of dissolution.</u>**	
5. <u>Submit your application to the Office of Retirement Services</u>: 1737 N. 1st St. Suite 600 San José, CA 95112	
6. After your application is filed, Retirement Services will notify your department liaison of your retirement (current City employees only). You will be sent a packet of forms with a scheduled date and time for you to submit the completed forms. The scheduled session provides an opportunity for you to get any remaining questions answered. The session is not mandatory to retire, but **<u>forms must be completed and returned</u>** in a timely manner in order to meet payroll deadlines. Please notify your analyst if you choose not to attend your assigned session.	

Additional Information for DISABILITY APPLICANTS:

1. If you are applying for a Service Connected Disability we will request copies of medical reports from the Workers' Compensation Department. If you want to add any additional reports that Workers' Compensation may not have, you must provide them.	
2. If you are applying for a Non-Service Connected Disability **you must provide <u>all</u> medical reports supporting your disability claim**	

RET100

CITY OF SAN JOSE CAPITAL OF SILICON VALLEY	Title	Document No.	Rev.	Page
	APPLICATION FOR RETIREMENT	**Form RP-2**	**6/27/2018**	**1 of 2**

I_____, hereby apply for retirement benefits from the City of San José ☐ Federated System or ☐ Police/Fire Plan to become effective on_____.

☐ **SERVICE**
☐ **EARLY SERVICE RETIREMENT**
(THIS OPTION APPLIES TO POLICE AND FIRE ONLY)
☐ **DISABILITY SERVICE –CONNECTED (ALSO COMPLETE PAGE 2)**
☐ **DISABILITY NON-SERVICE CONNECTED (ALSO COMPLETE PAGE 2)**
☐ **DEFERRED VESTED**

APPLICANT INFORMATION:

HOME ADDRESS:	**SOCIAL SECURITY #:**	
CITY, STATE ZIP CODE:	**EMPLOYEE ID :**	
HOME PHONE:	**DATE OF BIRTH:**	
CELL PHONE:	**AGE AT RETIREMENT:**	
WORK PHONE:	**TOTAL YEARS OF SERVICE:**	
HOME EMAIL ADDRESS:	**JOB TITLE :**	**BARGAINING UNT:**
DEPARTMENT: **SUPERVISOR**:	**DO NOT LEAVE BLANK. IF NONE THEN CHECK THE BOX, OTHERWISE PROVIDE DATE(S)** **IF YOU WERE MARRIED OR IN A REGISTERED DOMESTIC PARTNERSHIP DURING YOUR CITY SERVICE THAT RESULTED IN A DIVORCE/DISSOLUTION, LIST DATE(S) OCCURRED:** _____ ☐ **NOT APPLICABLE**	

☐ **SPOUSE or** ☐ **CERTIFIED DOMESTIC PARTNER or** ☐ **NOT MARRIED**

NAME:	**DATE OF BIRTH:** **AGE**:
SOCIAL SECURITY#:	**DATE OF MARRIAGE/CERTIFICATION:**

DEPENDENT INFORMATION:

(PLEASE LIST CHILDREN UNDER AGE 26. FOR CHILDREN AGE 19 OR OLDER, YOU MUST SUBMIT PROOF OF FULL TIME STUDENT STATUS)

NAME	SSN	DATE OF BIRTH	RELATIONSHIP	LEGAL DEPENDENT OF RETIREE?

Retirement Services will inform your department upon application submittal - excluding Deferred Vested members.
☐ **Please check this box if you are not claiming reciprocity. If you are claiming reciprocity please complete page 2.**

RETIREE'S SIGNATURE :_____ **DATE:**_____

SPOUSE/DOMESTIC PARTNER'S SIGNATURE: _____ **DATE:** _____

FOR OFFICE USE ONLY		
ANALYST:		☐ **SCD PENDING** **CHANGE OF STATUS**
AGENDA DATE: AGENDA ITEM #:	_____	BOARD ACTION: ☐ **APPROVED** ☐ **DENIED**

RECIPROCITY:

COMPLETE THE FOLLOWING IF YOU ARE A MEMBER OF ANOTHER CALIFORNIA PUBLIC RETIREMENT SYSTEM AND YOU HAVE/ARE CLAIMING RECIPROCITY. NOTE: YOU MUST RETIRE CONCURRENTLY TO QUALIFY FOR RECIPROCAL BENEFITS.

NAME OF SYSTEM	DATES OF SERVICE CREDITED	DATE OF RETIREMENT AT RECIPROCAL SYSTEM

----- DISABILITY RETIREMENT APPLICANTS ONLY -----

If you are an active employee on leave please indicate your expected date that you will exhaust all paid leave time_____.

Have you been deemed Maximum Medically Improved or Permanent and Stationary by a doctor?
Yes☐ No☐

CONSENT TO RELEASE INFORMATION

I request that the Retirement Plan make such investigation as it may deem necessary to establish the facts in my case. My personal physician, your Board Medical Advisor, and all other persons having knowledge of pertinent facts are hereby authorized to disclose them to you or to your agents for the purpose of establishing the kind and degree of my disability. If it is related to the medical condition(s) for which the disability retirement application was submitted, I hereby also specifically consent to the release of any and all alcohol, drug abuse, or psychiatric treatment records under the same conditions as outlined above.

In addition, I understand my responsibility to the Retirement Plan in regard to engaging in a gainful occupation and the need to report all income from such occupation until I attain age 55 (Federated Retirement Plan) or until service plus retirement equal 20 years (Police and Fire Retirement Plan).

RETIREE'S SIGNATURE (PLEASE SIGN):_____

RETIREE'S NAME (PLEASE PRINT):_____

IMPORTANT: Please Attach a List of ALL of Your Workers' Comp. Claims. To Get the List, Contact Your Workers' Comp. Representative and Request a List of All of Your Claims. The List Should Include the Dates of Injuries, Workers' Comp. Claim Numbers, and the Body Parts for the Claims.

MY DISABILITY /INJURED BODY PART IS:
EARLIEST INJURY OR SYMPTOMS OCCURRED ON THE FOLLOWING DATES FOR EACH OF THE ABOVE BODY PARTS:

ATTORNEY'S NAME REPRESENTING YOU FOR RETIREMENT*: _____

ATTORNEY ADDRESS: _____

ATTORNEY PHONE NUMBER: _____

*** DISABILITY INFORMATIONAL PACKET WILL BE SENT TO APPLICANT, OR TO THE ATTORNEY LISTED ABOVE, IF ANY.**