

Check List for Retirement Applications

Application (CO-898 NEW 2/09) – Original and 2 copies

Applicant's Signature ___ Agency Signature ___ Verify Date of Retirement ___

Type of Option matches form submitted ___

Verify Type of Retirement Checked off on application ___

Option Form - Original

A – 50% Spouse **B** – 50% / 100% **C** – 10 Yr / 20 Yr **D** – Lifetime
(CO-899 Rev 11/08) (CO-900 Rev 5/09) (CO-901 Rev 3/12) (CO-902 Rev 11/08)

The form was witnessed properly ___

The Witness is not the Annuitant and/or the Beneficiary ___

Spouse Waiver Consent Form (CO-1047 Rev. 5/09) – Original (Not Required if Electing Option A 50% Spouse)

If married, verify receipt of marriage certificate ___

Verify that Parts I & III have been completed as follows:

Member's Option Election ___

Member's Signature ___

Spouse's Signature ___

Name of Annuitant ___

(if applicable) ___

Spouse's Initials ___

Authorized witness/if notary, ___

Expiration date required ___

If Single or Married less than one year, verify: ___

Completed Part I & II Authorized witness; if notary, expiration date required ___

Birth Documentation (one copy each)

Retiree Birth Certificate ___ **If applicable**, Annuitant Birth Certificate ___

Health Insurance Form (CO-744 Rev 5/2010) – Original and 1 copy

Copy of Medicare Card if retiree or spouse is 65 years or older

W4P (Original) ___

CT-W4P (Original) ___

Direct Deposit Form (CO-1068 Rev 8/2011) Original ___