



**COMMONWEALTH OF PENNSYLVANIA
STATE EMPLOYEES' RETIREMENT SYSTEM
SERS CENTRAL COUNSELING - OUT OF STATE
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HARRISBURG, PA 17101-1716
800 633 - 5461
www.sers.state.pa.us**



Region 99

SS#

SERS USE ONLY
DOR _____

◆ **APPLICATION FOR ANNUITY** ◆

PART 1		MEMBER INFORMATION	
NAME	FIRST	MIDDLE	LAST
			DATE OF BIRTH (ATTACH DOCUMENTATION)
			MONTH DAY YEAR
STREET ADDRESS			SEX <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE
CITY	STATE	ZIP CODE	LAST EMPLOYING AGENCY / DEPARTMENT:
PHONE:	DATE OF TERMINATION:		

PART 2		RETIREMENT COUNSELING CHECKLIST	
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1	Provided explanation of creditable State service and non-State service (such as intervening and non-intervening military service) which may be purchased, the costs, and the increase in benefits derived from such purchase.	
2	Benefits derived from the election of multiple service with the Public School Employees' Retirement System.	
3	Benefit reduction in the event of a debt to the employer and/or a retirement arrears liability (actuarial debt) exists at the time of retirement.	
4	Provided an explanation of the impact of withdrawing any or all of your contributions and interest. This explanation included the availability of installment options and rollovers and that rollover forms must be received within 45 days of the date of retirement, and the recommendation to seek Qualified tax assistance.	
5	Provided with explanation of Monthly Payment Plan Options and death benefits; Maximum, 1, 2, 3, and Special Option 4.	
6	Provided estimates for Maximum Single Life Annuity and Option 1, with and without a Withdrawal Option (withdraw contributions and interest).	
7	Under Option 1 you may change beneficiaries anytime by filing a new beneficiary nomination form.	
8	Provided estimates of Options 2 and 3, with and without a Withdrawal Option (withdrawal of contributions and interest).	
9	Qualifying event under Options 2 or 3 which permit the change of option and/or survivor, including procedures and the effect to member's annuity. If the designated survivor predeceases the member the benefit is automatically considered Maximum retirement with no death benefits. No death benefits are available until a new option is elected.	
10	REHP/PEBTF retiree health insurance is not available when member is from a non AEHP participating agency. Directed member to their employer for additional information. (IF NOT REHP ELIGIBLE ENTER N/A IN ITEMS 11 THROUGH 16).	
11	REHP coverage will not begin until ANY & ALL outstanding AEHP financial obligations are settled directly with PEBTF.	
12	Provided explanation of enrollment and eligibility requirements for Majority and Partially State paid REHP coverage. (IF REHP ELIGIBLE - MUST COMPLETE 12. and 13.)	
13	State Share: <input type="checkbox"/> TOTAL <input type="checkbox"/> MAJORITY <input type="checkbox"/> \$5.00 Member Cost: Plan _____ Single \$ _____ Family \$ _____ % _____	
14	Member is subject to the rules of Least Expensive Plan (LEP). Buy-up fee is applied if a member chooses a PPO plan.	
15	Member RHEP Election <input type="checkbox"/> ACCEPTS coverage with initial costs stated in 12 above. <input type="checkbox"/> DECLINES enrollment. May defer enrollment once, to a later date, due to coverage with another plan at this time.	
16	Member and dependents (when covered) received a COBRA notice. Member was provided with the Medicare Part B policy.	
17	Provided explanation of vesting rights and procedures.	
18	Explained that an Application for Disability must be filed while still employed and that disability retirement is available regardless of age.	

PART 2 (continued)**RETIREMENT COUNSELING CHECKLIST**

Member Initial

I HAVE BEEN COUNSELED TO MY SATISFACTION ON ALL ITEMS ON THE PRECEDING CHECKLIST, EXCEPT THOSE MARKED "N/A". THE RETIREMENT COUNSELOR PROVIDED ESTIMATES AND EXPLANATIONS TO THE EXTENT THAT I AM FULLY AWARE OF ALL BENEFITS TO WHICH I AM ENTITLED. I HAVE ALSO BEEN PROVIDED WITH A COPY OF THE "GUIDE FOR RETIRING MEMBERS".

PART 3**RETURN TO SERVICE/FROZEN ANNUITY - COUNSELING ACKNOWLEDGMENT**

If you terminate service, elect to receive monthly retirement benefits and subsequently return to active service with any State Employees' Retirement System (SERS) participating employer or Public School Employees' Retirement System (PSERS) employer (if you have elected Multiple Service), the following events will occur.

- ▶ Your SERS retirement payments and REHP Medical Insurance will cease effective with the date of your return to service.
- ▶ Your annuity will be Frozen by calculating the value of your retirement benefit account based on your age at the time of your return to service, known as the "Frozen Present Value". That value is fixed and remains constant.
- ▶ You will be required to make contributions on your new employment period earnings and you will earn additional service credits based on the Class of Service applicable to your new employment.
- ▶ It should also be noted that if you return to service for a very short period of time, it is possible that your new combined benefit may actually be lower than the benefit you received during your prior retirement.
- ▶ If you return for a period of less than six months, you must retire under the same retirement options which you elected in your previous retirement.
- ▶ If you return to service and earn three (3) additional years of credited service you will automatically qualify to have your future retirement benefit calculated using the two methods shown below. The method producing the highest retirement benefit will automatically be used unless you request otherwise in writing.
- ▶ If during your return to service, you earn less than 3 years of credited service, your subsequent retirement will be calculated using Method 1 listed below.

CALCULATION METHODS

1. If the Frozen Present Value is not eliminated, that frozen value will be converted into a monthly benefit amount based on actuarial factors at the time of retirement. The second part of the retirement benefit will be computed by normal calculation methods using service credits in the Class earned in the new employment period. The two benefit parts will then be combined to determine the total new retirement benefit. The total retirement benefit you receive from combining the Frozen Present Value benefit and the new service part will not be as large as the benefit you could have received if you had not collected retirement benefits previously.
2. If you eliminate your Frozen Present Value, your retirement benefit will be computed based on your total years of credited service, applicable Class multipliers and your highest Final Average Salary. The result of this calculation will then be actuarially reduced by the debt owed for the elimination of the Frozen Present Value. This method will generally produce a higher benefit than the Frozen Present Value calculation method. When your benefit is calculated without the Frozen Present Value you are agreeing to have a debt applied to your account, representing the return to SERS of all funds paid to you during retirement plus accumulated interest derived from the annual interest rates adopted by the Board.

Member Initial

I have been counseled regarding the effect returning to active State or School service could have on my SERS retirement benefit. Returning to active State or School service means accepting employment with any SERS or PSERS-participating agency, including, but not limited to, agencies within the governor's jurisdiction, independent commonwealth agencies, The Pennsylvania State University, the State System of Higher Education, any Pennsylvania Community College and any Pennsylvania public school. I understand that I should contact my SERS Retirement Counselor with any questions about the impact future employment could have on my SERS retirement benefit **before** I accept any such employment.

PART 4 WITHDRAWAL OPTION WITHDRAWAL OF CONTRIBUTIONS AND INTEREST

DO YOU WANT TO WITHDRAW ANY MONEY? **Yes**, complete sections 1, 2, 3 **No**, skip to part 6

SECTION 1: I ELECT A LUMP SUM PAYMENT(S) FROM MY CONTRIBUTIONS AND INTEREST AS FOLLOWS: (CHECK ONE)

- ALL CONTRIBUTIONS AND INTEREST
- ALL PRE 1987 PREVIOUSLY TAXED CONTRIBUTIONS
- \$ _____ OF CONTRIBUTIONS AND INTEREST

SECTION 3: SPECIAL INSTRUCTIONS

SECTION 2: I WISH TO RECEIVE MY LUMP SUM PAYMENT(S) AS FOLLOWS:

- ONE LUMP SUM PAYMENT WITH INITIAL ANNUITY PAYMENT
- IN _____ INSTALLMENTS (LIMIT 4) TO BE PAID AS FOLLOWS:

1 _____ 3 _____
 AMOUNT/PERCENT MO/DAY/YR AMOUNT/PERCENT MO/YR
 2 _____ 4 _____
 AMOUNT/PERCENT MO/YR AMOUNT/PERCENT MO/YR

PART 5 ROLLOVER OF LUMP SUM PAYMENT(S)

YES, I ELECT TO HAVE MY CONTRIBUTIONS AND INTEREST DIRECTLY TRANSFERRED AND WILL SUBMIT A COMPLETED SERS-254 FORM WITHIN 45 DAYS.

YES, I ELECT TO HAVE MY CONTRIBUTIONS AND INTEREST DIRECTLY TRANSFERRED TO A ROTH IRA AND WILL SUBMIT A COMPLETED SERS-254 AUTHORIZATION FOR DIRECT ROLLOVER FORM. I ELECT TO HAVE 20% WITHHELD FOR FEDERAL WITHHOLDING TAX.

YES **NO**

NO, I DO NOT ELECT TO HAVE MY CONTRIBUTIONS AND INTEREST DIRECTLY TRANSFERRED AND I UNDERSTAND THE TAX CONSEQUENCES.

PART 6 MONTHLY PAYMENT PLAN OPTIONS (COMPLETE ONLY ONE PLAN)

MAXIMUM SINGLE LIFE ANNUITY

I WILL RECEIVE THE MAXIMUM AMOUNT EACH MONTH FOR LIFE. I UNDERSTAND THAT IF I DIE BEFORE RECEIVING IN PAYMENTS AN AMOUNT EQUAL TO MY OWN ACCUMULATED DEDUCTIONS, THE BALANCE WILL BE PAID TO MY BENEFICIARY(IES), OTHERWISE THERE WILL BE NO OTHER DEATH BENEFITS PAYABLE UNDER THIS OPTION. WHEN A DEATH BENEFIT REMAINS I MAY CHANGE BENEFICIARY(IES) AT ANY TIME. NAME AT LEAST ONE BENEFICIARY IN PART 8.

SIGNATURE _____

OPTION 1

I WILL RECEIVE A REDUCED MONTHLY PAYMENT FOR LIFE. A VALUE IS PLACED ON MY RETIREMENT ALLOWANCE CALLED THE "PRESENT VALUE". ALL PAYMENTS ARE SUBTRACTED FROM THE PRESENT VALUE. ANY BALANCE REMAINING AT MY DEATH WILL BE PAID TO MY BENEFICIARY(IES). I MAY NAME ONE OR MORE BENEFICIARIES AND MAY CHANGE BENEFICIARY(IES) AT ANY TIME. NAME AT LEAST ONE BENEFICIARY IN PART 8.

SIGNATURE _____

OPTION 2

I UNDERSTAND THAT UNDER THIS PLAN I WILL RECEIVE A REDUCED RETIREMENT ALLOWANCE FOR LIFE. THE AMOUNT OF REDUCTION IS BASED ON MY AGE AND THE PERSON I NAME AS MY "DESIGNATED SURVIVOR ANNUITANT". AT MY DEATH, THAT PERSON WILL CONTINUE TO RECEIVE, FOR LIFE, THE SAME MONTHLY AMOUNT AS WAS PAID TO ME, IN ADDITION TO ANY OUTSTANDING AMOUNTS PAYABLE TO ME. DESIGNATE YOUR SURVIVOR IN PART 9.

SIGNATURE _____

OPTION 3

I UNDERSTAND THAT UNDER THIS PLAN I WILL RECEIVE A REDUCED RETIREMENT ALLOWANCE FOR LIFE. THE AMOUNT OF REDUCTION IS BASED ON MY AGE AND THE PERSON I NAME AS MY "DESIGNATED SURVIVOR ANNUITANT". AT MY DEATH, THAT PERSON WILL CONTINUE TO RECEIVE, FOR LIFE, ONE HALF (1/2) THE MONTHLY BENEFIT AMOUNT THAT WAS PAID TO ME, IN ADDITION TO ANY OUTSTANDING AMOUNTS PAYABLE TO ME. DESIGNATE YOUR SURVIVOR IN PART 9.

SIGNATURE _____

SPECIAL OPTION 4

I ELECT ANOTHER FORM OF MONTHLY PAYMENT PLAN AS SPECIFIED ON THE SERS-129-S, "APPLICATION FOR ANNUITY SUPPLEMENTAL SPECIAL OPTION DESCRIPTION" FORM. THIS PLAN MUST BE APPROVED BY SERS ACTUARIES AND COMPLY WITH THE GUIDELINES IN THE RETIREMENT CODE.

SIGNATURE _____

PART 7 FEDERAL INCOME TAX WITHHOLDING

MONTHLY PAYMENTS W4-P

- Check here if you DO NOT WANT any Federal Income tax withheld from your monthly annuity payments.
- I would like Federal Income tax withheld as indicated below:

Number of Allowances	Marital Status	Optional - Additional Withholding - Also complete the number of allowances and marital status blocks
_____	<input type="checkbox"/> Single <input type="checkbox"/> Married	Additional amount to be withheld from each monthly payment. \$ _____

SS#

PART 10 TEMPORARY OPTION 2/3 CONTINGENT BENEFICIARY

OPTIONS 2, 3, OR SPECIAL JOINT & SURVIVOR

This part should only be used by a member electing an Option 2, Option 3 or Special Joint and Survivor plan. This contingent beneficiary nomination is invalid once your initial check is received.

* NOTE - **DO NOT** complete this part of the form if you are electing a Maximum or Option 1 payment plan.

I understand that if I die before I receive my initial lump sum payment and/or my initial annuity payment from the Retirement System, any outstanding amount will be paid to my designated survivor.

Further, I also understand and declare that, if both myself and my designated survivor die before my initial lump sum and/or my initial annuity payment is received, I wish to have any payments due me to be paid to the following contingent beneficiary(ies):

NAME	DATE OF BIRTH	ADDRESS (street address, city, state, zip code)

PART 11 GUARDIAN

REQUIRED FOR ANY BENEFICIARY OR DESIGNATED SURVIVOR UNDER 18 YEARS OF AGE NAMED IN PARTS 8, 9, OR 10 OF THIS APPLICATION

Full Name	Address (street address, city, state, zip code)	Name of Minor(s)

PART 12 CREDITED NON-STATE SERVICE DECLARATION

This part must be completed if the member is claiming credits for "creditable non-state service". Failure to complete this part of the application for annuity shall result in the cancellation and forfeiture of any non-state service previously credited to the member's account.

STATE EMPLOYEES' RETIREMENT CODE - §5304 (CREDITABLE NONSTATE SERVICE) provides, in part:

"(b) An active member or multiple service member who is a school employee and an active member of the Public School Employees' Retirement System shall be eligible to receive credit for non-state service provided that he does not have credit for such service under a retirement system administered and wholly or partially paid for by any other governmental agency or by any private employer, or a retirement program approved by the employer..."

Member Initial

Member Initial

I HAVE READ AND UNDERSTAND THE ABOVE SECTION OF THE STATE EMPLOYEES' RETIREMENT CODE, AND I CERTIFY THAT I HAVE NOT ALREADY RECEIVED, AM NOT NOW RECEIVING, NOR WILL I BE ELIGIBLE TO RECEIVE IN THE FUTURE, ANY RETIREMENT BENEFITS UNDER A RETIREMENT SYSTEM ADMINISTERED BY ANY OTHER GOVERNMENTAL AGENCY FOR ANY NONSTATE SERVICE WHICH IS CREDITED TO MY ACCOUNT IN THE STATE EMPLOYEE'S RETIREMENT SYSTEM, WITH THE EXCEPTION OF A MILITARY PENSION UNDER TITLE 10, CHAPTER 1223, SECTIONS 12731-12737 OF THE UNITED STATES CODE (formerly Chapter 67, Sections 1331-1337).

PART 13**MEMBER CERTIFICATION****STATE EMPLOYEES' RETIREMENT CODE**

§5954 (FRAUD AND ADJUSTMENT OF ERRORS) provides, in part

- "(a) Any person who shall knowingly make any false statement or shall falsify or permit to be falsified any record or records of this system in any attempt to defraud the system as a result of such act shall be guilty of a misdemeanor of the second degree."

§5907 (RIGHTS AND DUTIES OF STATE EMPLOYEES AND MEMBERS) provides, in part:

- "(a) ... In any case in which the board finds that a member is receiving an annuity based on false information, the total amount received predicated on such false information together with statutory interest doubled and compounded shall be deducted from the present value of any remaining benefits to which the member is legally entitled."

I, _____, BEING OF SOUND MIND, HEREBY (Signature)		_____ Date
MAKE THE FOLLOWING CERTIFICATION: HAVING READ AND UNDERSTOOD ALL OF THE PRECEDING PROVISIONS, CERTIFYING THAT ALL STATEMENTS MADE ON THIS APPLICATION ARE TRUE AND CORRECT, I UNDERSTAND THAT THE RETIREMENT OPTION PLAN SELECTION I MADE ON THIS APPLICATION IS FINAL AND BINDING, AND I HEREBY DECLARE THAT I INTEND TO BE LEGALLY BOUND BY THIS ELECTION. I ALSO UNDERSTAND THAT MY BENEFIT PAYMENTS MAY BE SUBJECT TO THE IRC SECTION 415 LIMITS. I UNDERSTAND THAT SERS IS A COMMONWEALTH AGENCY SUBJECT TO THE PENNSYLVANIA RIGHT-TO-KNOW LAW (RTKL). IN RESPONSE TO RTKL REQUESTS, SERS MAY BE REQUIRED TO DISCLOSE CERTAIN RECORDS RELATED TO MY RETIREMENT BENEFIT, INCLUDING BUT NOT LIMITED TO MY NAME AND RETIREMENT BENEFIT OPTION AND AMOUNT AND HOME ADDRESS.		
YOUR SIGNATURE MUST BE WITNESSED BY TWO PERSONS.		
WITNESS SIGNATURE:	WITNESS SIGNATURE:	
ADDRESS	ADDRESS	

PART 14**COUNSELING NOTES**