
COLORADO SPRINGS NEW HIRE PLAN - POLICE COMPONENT APPLICATION FOR RETIREMENT BENEFITS

Use this form to apply for retirement under the **Colorado Springs New Hire Plan – Police Component** or, if participating in the Deferred Retirement Option Plan (DROP), at the time of electing to participate in DROP. For an explanation of the different types of retirement benefits, please refer to our website at www.FPPAco.org. If you have any questions, please contact FPPA's Retirement Coordinator at (303) 770-3772 or toll-free at (800) 332-3772.

Please check one of the following retirement types that you are applying for:

- Normal Retirement Benefit** – At least 25 years of service and age 50.
- Early Retirement Benefit** – At least 20 years of service and age 45.
- Vested Separation Benefit** – At least 10 years of service, payable at age 50.
- Deferred Retirement Benefit** – Defer receipt of Normal Retirement benefit as late as age 65.
(This is not to be confused with the Deferred Retirement Option Plan, also known as DROP.)
- DROP Plan Participation** – To apply to enter DROP, you must be eligible for a Normal Retirement.

✓ **Completing the retirement application process:**

Please complete the appropriate sections of this application.

Parts A, B, C and D – to be completed by applicant for retirement benefits and then notarized.

Part F – to be completed and signed by applicant's employer and then notarized.

You will need to provide the following supporting documentation with this application:

- a copy of your birth certificate,
- if applicable, a copy of your spouse's birth certificate
 - If common-law married, copies of documentation proving this relationship, including, but not limited to: evidence that you claim married status for tax purposes, evidence that you represent that you are married, evidence of co-habitation, joint credit, joint checking and/or savings accounts, and/or joint purchase of a house.
- include a copy of court order or current marriage certificate or drivers license to verify any name change for the applicant or spouse,
- if applicable, a copy of your dependent children's birth certificates, and
- if applicable, a physician's statement certifying that a child is so physically or mentally incapacitated that the child cannot provide for himself/herself.

Upon receipt of your completed application, FPPA will confirm applicable employment information, calculate your retirement benefit, and present your application for FPPA approval.

If you are using this application to enter the Deferred Retirement Option Plan (DROP), you must complete the *Termination of DROP Participation* form when you terminate employment.

If applicable, the funds in your SRA will be available to you after you terminate employment and FPPA has approved your retirement benefit.

Part A - Retiree Information

✓ To be completed by **Employee**. Please print legibly.

Applicant's Last Name _____ First Name _____ Middle Initial _____

Mailing Address _____ Apt # _____ Home Phone Number (____)____-____

City _____ State _____ Zip _____ Work Phone Number (____)____-____

Social Security Number _____ Date of Birth (mo/day/yr) ____/____/____ E-mail address _____@_____

Spouse's Last Name _____ First Name _____ Middle Initial _____

Spouse's Social Security Number _____ Spouse's Date of Birth (mo/day/yr) ____/____/____

Is this a common-law spouse? Yes No
 (If common-law married, please provide documentation detailed on page 1 of this application.)

Part B - Dependent Children Information

✓ To be completed by **Employee**. Please print legibly.

If applicable, list below the names and birth dates of dependent children. Dependent child means an unmarried child under the age of 19 or, if such child is enrolled as a full-time student at an accredited institution of higher education, under the age of 23. It also may include a mentally or physically incapacitated child who cannot provide for himself/herself.

Dependent Child's Name	Social Security #	Birth Date (mo/day/yr)
_____	____ - ____ - ____	____/____/____
_____	____ - ____ - ____	____/____/____
_____	____ - ____ - ____	____/____/____
_____	____ - ____ - ____	____/____/____

Part C - Beneficiary Information (If No Spouse Or Dependents)

If you do not have a spouse or dependents, a beneficiary may be designated to receive any remaining benefits.

Beneficiary's Last Name _____ First Name _____ Middle Initial _____

Beneficiary's Social Security Number _____ Beneficiary's Date of Birth (mo/day/yr) ____/____/____

Part F - Employer's Section

To be completed by Employer. Please print legibly.

Employee's Name _____ Social Security Number _____ - _____ - _____

Employee's Rank _____

Employee's Date of Hire (mo/day/yr) _____ / _____ / _____

Employee's Last Day on the Job (mo/day/yr actually worked)..... _____ / _____ / _____

Employee's Last Day on the Payroll (for when pension contributions were deducted)..... _____ / _____ / _____

NOTE: This is usually the last day on the job; however, this may be a projected date. If applicable, calculate the date by adding the number of accrued vacation days to the last day on the job.

Has the employee incurred an unpaid break in service? Yes [] No []

If yes, from what dates? _____ / _____ / _____ to _____ / _____ / _____

Has the employee applied for disability benefits? Yes [] No []

Employee's last contribution deducted from Pay Period _____ / _____ / _____ to _____ / _____ / _____

The amount of the last contribution deducted from employee's salary \$ _____ . _____

Total amount sent to FPPA for final month \$ _____ . _____

Effective date of retirement (if not entering DROP) _____ / _____ / _____

NOTE: The effective date of retirement is the day after the last day on payroll, or in the case of the vested separation, it is the day the employee attains the age of 55.

Date entering DROP (if applicable) _____ / _____ / _____

Please list the employee's Final Average Salary..... \$ _____ . _____

I certify that the above information is correct to the best of my knowledge.

_____/_____/_____
Name of Authorized Employer Representative (please print) Title Date

Signature of Authorized Employer Representative (_____)_____-_____
Phone Number

For Notary Use Only

STATE OF _____ }
COUNTY OF _____ } ss

Subscribed and sworn to before me this _____ day of _____, year of _____.

Witness my hand and official seal.

My commission expires: _____ / _____ / _____ .

Notary Public Signature
SEAL