



Retirement Application Packet

State Employees - Part I

Congratulations!

You are about to begin what we hope will be a long and happy retirement.

PART I of your retirement process contains the information and forms you need to initiate the retirement process. Once we receive your completed PART I forms, the ERS will send PART II: RETIREMENT BENEFIT OPTION SELECTION AND TAX FORM PACKET. **The retirement process is not complete until you have returned the RETIREMENT BENEFIT OPTION SELECTION form in PART II.**



START TODAY

This packet includes the following documents:

- » **FORM 10, ERS APPLICATION FOR RETIREMENT**
- » **FORM 12, ERS INSURANCE AUTHORIZATION**
- » **RSA DIRECT DEPOSIT AUTHORIZATION**



IMPORTANT INFORMATION

- » The ERS APPLICATION FOR RETIREMENT must be received at least 30 days and not more than 90 days prior to the effective date of retirement.
- » The effective date of retirement must be the first day of a month.
- » It is the responsibility of the member to ensure all forms are mailed to the ERS.



CONTACT US

Please contact Member Services at 877.517.0020 if you have any questions.

- ▶ **Make sure that the ERS has your current home mailing address. You can change your mailing address online at <https://mso.rsa-al.gov> or by completing the CHANGE OF ADDRESS NOTIFICATION form. Important information regarding your retirement will be mailed from time to time to your home mailing address.**



FORM INSTRUCTIONS

1. Complete the first 4 sections of the **FORM 10, ERS APPLICATION FOR RETIREMENT**. Have your employer complete the Employer Certification section.
2. Complete the first 3 sections of the **FORM 12, ERS INSURANCE AUTHORIZATION** form. Have your employer complete the Miscellaneous Insurance Deductions section. **Please do not forget to sign the bottom of this form.**
3. Complete the first page of the **RSA DIRECT DEPOSIT AUTHORIZATION** form. Send this form to your financial institution to complete the second page. This form will authorize the ERS to remit and credit your benefit directly to your bank account and eliminate the possibility of your check being lost or stolen.
4. Send the **FORM 10, ERS APPLICATION FOR RETIREMENT**; **FORM 12, ERS INSURANCE AUTHORIZATION**, and any other completed forms to:

ERS
P.O. Box 302150
Montgomery, AL 36130-2150

Your **ERS APPLICATION FOR RETIREMENT** must be received by the ERS at least 30 days and not more than 90 days prior to the effective date of retirement. The effective date of retirement must be the first day of the month.

FREQUENTLY ASKED QUESTIONS

Q. How do I designate multiple beneficiaries?

Leave the Beneficiary Designation section on the FORM 10 blank and submit the MULTIPLE BENEFICIARIES ATTACHMENT, FORM 10MB. FORM 10MB is only for members who select the Maximum Benefit or Option 1 on the RETIREMENT BENEFIT OPTION SELECTION form in PART II. You may download the form from the RSA website, www.rsa-al.gov, or request it from Member Services.

Q. How do I apply for disability retirement?

If you are applying for disability retirement, you and your physician must complete the REPORT OF DISABILITY PACKET. This packet must be included with your FORM 10. You may download the form from the RSA website, www.rsa-al.gov, or request it from Member Services.

Q. What happens after I turn in my retirement application?

Once we receive your ERS APPLICATION FOR RETIREMENT (PART I), you will be sent PART II: RETIREMENT BENEFIT OPTION SELECTION AND TAX FORM PACKET. This packet will contain your retirement allowance report. Your RETIREMENT BENEFIT OPTION

SELECTION form must be received by the ERS prior to the effective date of your retirement. Otherwise, by law you will automatically receive the Maximum Benefit, which is irrevocable.

Q. How do I cancel my retirement application?

Should you desire to cancel your ERS APPLICATION FOR RETIREMENT, written notice must be given to the ERS prior to your effective date of retirement. Failure to give timely notice will result in an irrevocable application.

Q. Could my retirement benefits change?

Your retirement account will be audited both at the time of retirement and after all contributions have been remitted. Discrepancies between the contributions certified on your ERS APPLICATION FOR RETIREMENT and the contributions remitted to the ERS may affect your retirement benefits and/or your eligibility for retirement.

Q. What if I have more questions about my retirement?

For further information about the retirement process, please read your ERS Member Handbook. We also encourage you to visit our website at www.rsa-al.gov. If you have questions, feel free to contact one of our retirement counselors. As always, we will do our best to help you and all other ERS retirees enjoy their retirement years.

► Questions?

- » Visit RSA's website at www.rsa-al.gov
- » Email ERS through the RSA website; click on the "Contact" link at the top of the page
- » Call ERS at 877.517.0020
- » Attend an ERS Retirement Preparation Seminar



ERS/JRF Insurance Authorization

Employees' Retirement System of Alabama
PO Box 302150, Montgomery, Alabama 36130-2150
877.517.0020 • 334.517.7000 • www.rsa-al.gov

Your SSN

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Your Information

Name _____
First Middle/Maiden Last

Address _____
Street or P.O. Box City State ZIP Code

Daytime Telephone _____ Email Address _____

Date of Birth _____

Health Insurance Election

If you have any questions, please contact the State Employees' Insurance Board (SEIB) at 866.836.9737.

I wish to continue my insurance under the health care plan I have selected below. I authorize monthly premium deductions from my retirement check until otherwise notified by me, or, in case of death, my beneficiary or other proper authority.

Select **Only One**: State Employees' Health Insurance Plan (BCBS) BCBS Supplemental Southland Optional Plan

I wish to **discontinue** my health coverage dental coverage

I wish to **discontinue** my dependent health insurance coverage for the individuals listed below:

First Name	Middle Name	Last Name	DOB	Sex	Relationship to Me

Credit Union Deductions

I authorize the Employees' Retirement System or Judicial Retirement Fund to deduct \$ _____ from my monthly benefit payment and transmit the amount deducted to the following credit union.

Alabama State Employees' Credit Union Alabama One Credit Union Guardian Credit Union

Miscellaneous Insurance Deductions

Only available to active members who are applying for retirement

Company Name	Policy Number	Monthly Premium

I hereby certify that the above miscellaneous insurance premiums are being deducted from salary warrants issued to the above referenced individual.

Sign Here → Payroll Clerk Signature _____ Date _____
Employer

Sign Here → Your Signature _____ Date _____
Member

THIS BOX IS FOR ERS/JRF USE ONLY		
Years of Service _____	Months of Service _____	Effective Date of Retirement _____
Type of Retirement <input type="checkbox"/> Service <input type="checkbox"/> Disability	DROP Participant <input type="checkbox"/> Yes <input type="checkbox"/> No	DROP Ended Date _____



RSA Direct Deposit Authorization

Retirement Systems of Alabama
PO Box 302150, Montgomery, Alabama 36130-2150
877.517.0020 • 334.517.7000 • www.rsa-al.gov

Your SSN

_____|_____|_____|_____|_____|_____|

Direct Deposit from which System(s): TRS ERS JRF PEIRAF RSA-1 (Annual or Monthly Distribution Only)

Your Information

No initials please

Indicate below
Your SSN the
system(s) from
which you
would like your
benefit(s) direct
deposited.

Name _____
First Middle/Maiden Last

Address _____
Street or P.O. Box City State ZIP Code

Daytime Telephone _____ Email Address _____

Date of Birth _____

Check One: Retiree Beneficiary of Deceased Retiree or Member

If you are a beneficiary, please provide the following for the deceased retiree or member.

Name _____ SSN _____

Account Holder Certification

I agree to notify the Retirement Systems of Alabama (RSA) immediately of the death of the recipient of the retirement benefits being deposited to this joint financial institution account, and to return all payments to the RSA that are deposited to this account after said death. The RSA will determine and pay any survivor benefits. The RSA is authorized to make necessary debit entries to this joint account for any credits that were made in error.

Joint Financial Institution Account Holder(s) Name(s)

Joint Financial Institution Account Holder(s) Signature(s)

Date _____

Signature Certification

Each benefit payment is to be credited to my account at the financial institution specified on the reverse side of this form and such payment will be in full payment, satisfaction, and discharge of the amount then falling due and payable to me on account of such payments.

If my death occurs prior to the due date of any payment made by the RSA in compliance with this request or if adjustments are required for any credit entries to my account, I authorize the RSA to make the necessary debit entries to my account. I hereby reserve the right to revoke or cancel this request, such revocation or cancellation to take effect within 30 days of receipt of written notice by the RSA.

I authorize my payment to be sent to the financial institution named on the reverse side of this form to be deposited to the designated account.

Sign Here → Your Signature _____ Date _____

Note: The retiree or beneficiary of a deceased retiree or member must complete this page.
Then take or mail both pages to your financial institution to verify your information.
Your financial institution must complete the second page and agree to the Master Agreement.

RSA Direct Deposit Authorization

This page to be completed by a representative of the financial institution.

Name _____ SSN

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Financial Institution Information

Depositor Account No _____ Bank Routing No _____

Financial Institution Name _____ Type of Account Checking Savings

Mailing Address _____
Street or P.O. Box City State ZIP Code

Name(s) of Person(s) on this Account

Financial Institution Certification

MASTER AGREEMENT

In accordance with the provisions of Section 3.6.4 of the 2012 National Automated Clearing House Association (NACHA) Operating Rules and Guidelines, both the Retirement Systems of Alabama (RSA), as the Originator, and the above named Financial Institution consider the following to be the Master Agreement, as defined by the NACHA Operating Rules and Guidelines, and agree that it is to be applicable to all payments sent by the RSA to the Financial Institution for the benefit of all benefit recipients having accounts with the Financial Institution.

In consideration of the RSA making benefit payments in accordance with this Direct Deposit Authorization without requiring proof that the retiree/beneficiary identified on this form is alive on the date on which such benefits are paid and are credited to his or her account, the Financial Institution agrees to repay and refund to the RSA, on demand, the full amount of any payments made to and received by the Financial Institution after the date of death of the benefit recipient, regardless of whether the account listed on this Direct Deposit Authorization contains sufficient funds for the refund. The Financial Institution further agrees to accept the certification of the RSA as to the date of death of such payee as sufficient evidence in accordance with Section 2.10 of the 2012 NACHA Operating Rules and Guidelines.

I, the undersigned, confirm that the identity of the above named retiree/beneficiary, account number, and type are true and accurate. As the representative of the above named Financial Institution, I certify that the Financial Institution agrees to receive and deposit the identified payments in accordance with the Master Agreement and pursuant to Section 3.6.4 of the 2012 NACHA Operating Rules and Guidelines, and that the Master Agreement is applicable to all payments sent by the RSA to the Financial Institution for the benefit of the retiree/beneficiary.

Representative Name _____

Sign Here →
Financial Institution

Representative Signature _____ **Date** _____

Telephone _____

Please return completed form to:

The Retirement Systems of Alabama
P.O. Box 302150
Montgomery, AL 36130-2150
Fax: 334.517.7001

Note: Properly completed Direct Deposit Authorization forms received by the RSA before the 13th of each month will be effective for the current month.