

**NOTICE OF APPLICATION FOR RETIREMENT BENEFITS
(ACTIVE EMPLOYEE)**

NAME: _____		
DEPARTMENT: _____	DATE OF BIRTH: _____	
ADDRESS: _____		
CITY: _____	STATE: _____	ZIP CODE: _____
TELEPHONE #: _____	ALTERNATE #: _____	
EMAIL ADDRESS: _____		
I hereby apply for my retirement benefits effective the first day of _____, 20____ under the following City of Marietta/Marietta Board of Lights and Water Retirement Plan.		

RETIREMENT BENEFIT OPTIONS

Please select one of the following options below.

- ____ Single Life Only *If married, spouse must sign waiver*
- ____ Joint & Survivor Option *Must provide survivor's SSN to HR.*
Survivor's name _____ Survivor's DOB _____
50%, 75% or 100% _____ Pop-up option Yes _____ No _____
- ____ Social Security Option
Must provide Pension Board with a benefit estimate from the Social Security Administration.

SIGNATURE: _____ DATE: _____

HR INTERNAL USE ONLY

Type: Early _____ Unreduced Early _____ Normal _____
Benefits: Health _____ Life _____ Dental _____ Vision _____
Dept #: 1401 _____ 1403 _____ 1412 _____ Mail Check _____ Pick-up Check _____ Rollover _____