

PENSION APPLICATION DOCUMENTS CHECKLIST

(must be submitted with application)

NAME: _____

S. S. #: _____

Pension Effective Date: _____

ALL PENSION APPLICATIONS (SERVICE, DISABILITY, SURVIVOR, & VESTED)

- _____ 1) **Copy of Birth Certificate**
 - _____ Spouse (For future survivor pension purposes)
 - _____ Dependents (If different last name and covered by health insurance)
- _____ 2) **Copy of Marriage Certificate**
(For female applicants, must provide documentation to trace name change from birth)
- _____ 3) **Copy of Social Security Card** - must be signed and an original card from SSA: not metal
 - _____ Spouse (for future survivor pension purposes)
 - _____ Dependents (if covered by health insurance)
- _____ 4) **Documentation of Active Military Duty** (DD Form 214), if applicable
- _____ 5) **Leave of Absence, Worker's Compensation, Suspension Documentation**
- _____ 6) **PCC-1 Form** (School Districts need to provide the Days Work Adjustment worksheet)

**IF ELIGIBLE FOR VESTED PENSION WITHIN 6 MONTHS CONTINUE
IF NOT STOP HERE**

ADDITIONAL DOCUMENTS IF SURVIVOR'S PENSION APPLICATION

- _____ Certified copy of Death Certificate
 - _____ Copy of each child's birth certificate and eligible child statement if payable to a spouse under age fifty (50)
 - _____ Statement from school/college verifying full time student status (if 18 but not 22)
 - _____ Copy of guardian/trustee appointment if payable to a minor or disabled child
 - _____ Proof of disability prior to age 18 if payable to disabled child
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REQUIRED PAYROLL DOCUMENTS

- _____ 7) **Blood Bank Application/Refusal** (signature required even if refusal)
- _____ 8) **Pensioner's Bank/Credit Union Deposit Authorization** (Form DA)
(must provide copy of voided check and/or top of savings statement)
- _____ 9) **Tax Withholding Election** (Form TWE)
- _____ 10) **Health Insurance Application(s)** ___ Acceptance ___ Refusal (Form HR)
 - _____ Spousal Coordination Form, if applicable
 - _____ Copy of Medicare Card, if applicable, indicating both Part A & B and signed
(separate applications necessary if applicant or spouse is eligible or receiving medicare)
- _____ 11) **Dental Insurance Application** ___ Acceptance ___ Refusal (Form DR)
- _____ 12) **Joint and Survivor Retirement Benefit Card** (JSB-1)
(must be completed even if there is no eligible survivor and it must be notarized)
(is not required for survivor pensions)
- _____ 13) **Designation of Beneficiary Form for Life Insurance** (GL-1)
(must be notarized)