

CITY OF HIALEAH EMPLOYEES' RETIREMENT SYSTEM
APPLICATION FOR RETIREMENT - GENERAL EMPLOYEES JOINT PENSIONER OPTION

TO THE BOARD OF TRUSTEES
CITY OF HIALEAH EMPLOYEES' RETIREMENT SYSTEM

DATE: _____

GENTLEMEN:

I, HEREBY APPLY FOR A PENSION IN ACCORDANCE WITH THE PROVISIONS OF SECTION 70-243, OPTIONAL FORM OF RETIREMENT INCOME IN LIEU OF NORMAL SERVICE RETIREMENT ALLOWANCE, AND FOR THE PURPOSE OF OBTAINING SUCH PENSION, I SUBMIT THE FOLLOWING:

NAME: _____	S.S.#: _____	PHONE #: _____
PLACE OF BIRTH: _____ (CITY)	_____ (COUNTY)	_____ (STATE)
DATE OF BIRTH: _____	EVIDENCE OF BIRTH: _____	BIRTH CERTIFICATE
MEMBERSHIP DATE: _____	DATE OF TERMINATION: _____	
LAST WORKING DATE: _____	DATE PENSION BEGINS: _____	
BENEFICIARY: _____	S.S.#: _____	
PLACE OF BIRTH: _____ (CITY)	_____ (COUNTY)	_____ (STATE)
DATE OF BIRTH: _____	EVIDENCE OF BIRTH: _____	BIRTH CERTIFICATE

I HEREBY CERTIFY AND WARRANT THAT I AM NOT RECEIVING OR ENTITLED TO RECEIVE ANY REGULAR COMPENSATION FOR PERSONAL SERVICES CURRENTLY PERFORMED UNDER SUBSTANTIALLY FULL TIME CONTINUOUS EMPLOYMENT WITH THE CITY OF HIALEAH.

SEC. 70-243 OPTIONAL FORM OF RETIREMENT INCOME IN LIEU OF NORMAL SERVICE RETIREMENT ALLOWANCE

- (1) JOINT AND 66 2/3% SURVIVORSHIP
- (2) JOINT AND 100% SURVIVORSHIP

A pension income of an actuarially reduced amount of the normal benefit, payable to the retirant during the joint lifetime of the retirant and a joint pensioner designated by the retirant; this shall be a one time reduction and will not be altered in the future as a result of the death of the retirant or the joint pensioner.

- (3) JOINT AND POP-UP SURVIVORSHIP

A pension income of an actuarially reduced amount of the normal benefit, payable to the retirant during the joint lifetime of the retirant and a joint pensioner designated by the retirant; if the retirant dies first, the beneficiary's pension remains the same; if the beneficiary precedes the retirant, the retirant's pension reverts to the applicable normal service retirement under subsections 70-238(c)(1), (2) and (3).

- (4) JOINT AND 50% SURVIVORSHIP

I have selected option number: _____

SIGNATURE OF APPLICANT

SWORN TO AND SUBSCRIBED BEFORE ME THIS _____ DAY OF _____, 20__.

NOTARY PUBLIC

MY COMMISSION EXPIRES:

CERTIFICATION BY SECRETARY OF BOARD OF TRUSTEES

I CERTIFY THAT _____ IS CREDITED WITH _____ OF
NAME OF APPLICANT YEARS MONTHS
MEMBERSHIP SERVICE WITH THE CITY OF HIALEAH

SECRETARY

CERTIFICATION FOR RETIREMENT ANNUITY BY THE BOARD OF TRUSTEES

DATE: _____

WE, THE BOARD OF TRUSTEES OF THE CITY OF HIALEAH EMPLOYEES' RETIREMENT SYSTEM, CERTIFY THAT _____ IS ENTITLED TO A PENSION UNDER THE PROVISIONS AND SUBJECT TO THE LIMITATIONS OF ORDINANCE #91-08. THIS WILL BEGIN _____, AND THE AMOUNT WILL BE AS DETERMINED BY THE BOARD OF TRUSTEES UPON EXAMINATION OF THE RECORD OF THE MEMBER BY THE SECRETARY OF THE BOARD.

ATTEST: _____
SECRETARY

CHAIRMAN, BOARD OF TRUSTEES