

MONROE COUNTY EMPLOYEES RETIREMENT SYSTEM
Application for Service Retirement Benefits or Vested Benefits

To: Board of Trustees of the Monroe County Employees Retirement System
c/o Retirement Specialist

From: _____

Social Security Number: _____

Date: _____

I hereby apply for:

___ Service Retirement Benefits

___ Vested Benefits

Name of employer (County, Road Commission, Library, Mental Health Authority)

___ I am covered by the following collective bargaining agreement:

Name of collective bargaining association

___ I am not covered by a collective bargaining agreement

If spouse is covered by employer health insurance, provide name of carrier: _____.

If I elect an option form of retirement, my option beneficiary will be:

_____, my _____,
Name of beneficiary Relationship

whose date of birth is _____, whose social security number is _____.

Do you have an EDRO on file: YES NO

I request that my retirement become effective on _____.

Please provide me with a retirement estimate/calculation/option sheet.

My residence address is: _____
Street City State Zip

My telephone number is: _____ Email address: _____.

Full Signature

Printed Full Name

Please submit this form and a certified copy of (1) your birth certificate; (2) your beneficiary's birth certificate and (3) your marriage license (if applicable) to the Monroe County Employees Retirement System, 840 South Roessler Street, Monroe, Michigan 48161.