

Application for Deferred Vested Retirement

Last Name:		First Name:		
*Birth certificate or proof of birth is required Date of Birth:		Social Security #:		
Address:		City:	State:	Zip:
Personal Phone #:		Work Phone #:		
Email Address:		Agency and Position:		
Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed				
Spouse Name:		Spouse SSN:		Spouse DOB:
Dependent Name(s):		SSN:		DOB:
Primary Beneficiary Name: <i>(if no spouse or dependents)</i>		SSN:		DOB:
I have been informed of the Joint Survivor Options* available to me and have elected to take: <input type="checkbox"/> No Option <input type="checkbox"/> 25% Option <input type="checkbox"/> 50% Option <input type="checkbox"/> 66 ² / ₃ % Option <input type="checkbox"/> 75% Option <input type="checkbox"/> 100% Option				
<p>Request Deferred Vested Retirement: Under the provisions of the Fairfax County Police Officers Retirement System Ordinance, I hereby apply for the Deferred Vested Retirement benefit to begin on my 55th birthday. I also certify that all information given in this application is true. No Automatic Death Benefit available for Deferred Vested retirement.</p> <p>Employee Signature: _____ Date: _____</p>				
RETIREMENT USE ONLY				
Retirement Systems Authorization				
Authorized Signature: _____ Date: _____				

JOINT AND CONTINGENT SPOUSE AND HANDICAPPED CHILD OPTIONS

Retiring members of the **Police Officers Retirement System** (Normal and Early Service) may elect a Joint and Contingent Spouse and Handicapped Child Option, which entitles the surviving spouse or surviving handicapped child to receive all or a percentage (25%, 50%, 66²/₃%, 75% or 100%) of their base retirement benefit after their death. If the Joint and Contingent Option is elected, the retiree's benefit will be reduced. The amount of reduction depends on the difference in age between the retiree and his or her beneficiary (see chart below). A partial year is not considered a difference in age.

If the beneficiary should pre-decease the retiree, the retiree's benefit will be increased to what it would have been if no option had been elected.

A member who elects a Joint and Contingent Spouse and Handicapped Child Option at retirement is required to provide notice and proof of his or her spouse or handicapped child's death before the retirement system will increase the amount of his or her retirement allowance to what he or she would have received in the absence of his or her earlier election of a Joint and Contingent Spouse and Handicapped Child Option.

JOINT AND CONTINGENT OPTION REDUCTION FACTORS

Age of spouse:

Younger	100%	75%	66 ² / ₃ %	50%	25%	Older	100%	75%	66 ² / ₃ %	50%	25%
-12	84.80%	88.40%	89.20%	92.10%	96.00%	+1	90.00%	92.30%	93.10%	94.70%	97.30%
-11	85.20%	88.70%	89.50%	92.30%	96.10%	+2	90.40%	92.60%	93.40%	94.90%	97.40%
-10	85.60%	89.00%	89.80%	92.50%	96.20%	+3	90.80%	92.90%	93.70%	95.10%	97.50%
-9	86.00%	89.30%	90.10%	92.70%	96.30%	+4	91.20%	93.20%	94.00%	95.30%	97.60%
-8	86.40%	89.60%	90.40%	92.90%	96.40%	+5	91.60%	93.50%	94.30%	95.50%	97.70%
-7	86.80%	89.90%	90.70%	93.10%	96.50%	+6	92.00%	93.80%	94.60%	95.70%	97.80%
-6	87.20%	90.20%	91.00%	93.30%	96.60%	+7	92.40%	94.10%	94.90%	95.90%	97.90%
-5	87.60%	90.50%	91.30%	93.50%	96.70%	+8	92.80%	94.40%	95.20%	96.10%	98.00%
-4	88.00%	90.80%	91.60%	93.70%	96.80%	+9	93.20%	94.70%	95.50%	96.30%	98.10%
-3	88.40%	91.10%	91.90%	93.90%	96.90%	+10	93.60%	95.00%	95.80%	96.50%	98.20%
-2	88.80%	91.40%	92.20%	94.10%	97.00%	+11	94.00%	95.30%	96.10%	96.70%	98.30%
-1	89.20%	91.70%	92.50%	94.30%	97.10%	+12	94.40%	95.60%	96.40%	96.90%	98.40%
SAME AGE	89.60%	92.00%	92.80%	94.50%	97.20%						

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*It is your obligation to notify the Retirement System's office in the event of your spouse's death.