

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 _____.

My residence address is: _____.
Street City State Zip

My telephone number is: _____.

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 c/o Retirement Specialist located in the Monroe County Finance Department, 125 East Second Street, Monroe, Michigan 48161.