

IMPERIAL COUNTY EMPLOYEES RETIREMENT SYSTEM
Application for Service Retirement

(FIRST)	(MI)	(LAST)	SOCIAL SECURITY NUMBER: (999-99-9999)	
MAILING ADDRESS:			RETIREE'S DATE OF BIRTH: (mm/dd/yyyy)	
			TELEPHONE NUMBER(S): (999)999-9999	
CITY	STATE	ZIP CODE	Home/Cell:	
			Email:	
*EFFECTIVE DATE OF RETIREMENT (mm/dd/yyyy):			BENEFICIARY:	
			NAME: _____	
TYPE OF MEMBERSHIP:			ADDRESS: _____	
GENERAL: <input type="checkbox"/>				
SAFETY: <input type="checkbox"/>				
BENEFICIARY'S SOCIAL SECURITY # : (999-99-9999)		RELATIONSHIP TO YOU:	BENEFICIARY'S BIRTH DATE(mm/dd/yyyy):	
OTHER RETIREMENT SYSTEMS - ARE YOU A MEMBER OF ANOTHER PUBLIC RETIREMENT SYSTEM OTHER THAN SOCIAL SECURITY OR MILITARY?				
<input type="checkbox"/> YES <input type="checkbox"/> NO				
IF "YES", NAME OF SYSTEM: _____				
A. WILL YOU HAVE BEEN MARRIED AT LEAST ONE YEAR PRIOR TO YOUR RETIREMENT DATE?				
<input type="checkbox"/> Yes <input type="checkbox"/> NO				
B. DO YOU HAVE ANY UNMARRIED CHILDREN WHO ARE UNDER AGE 18?				
<input type="checkbox"/> Yes <input type="checkbox"/> NO				
**C. DO YOU WANT YOUR LAST YEAR WORKED AS YOUR ONE YEARS HIGHEST SALARY?				
<input type="checkbox"/> Yes <input type="checkbox"/> NO				
IF YOUR ANSWER IS NO, WHAT YEAR WOULD YOU LIKE TO USE? _____				
D. HAVE YOU BEEN ON A MEDICAL OR MILITARY LEAVE WITHIN THE LAST 12 MONTHS?				
(THIS MAY AFFECT YOUR FINAL AVERAGE COMPENSATION)				
<input type="checkbox"/> Yes <input type="checkbox"/> NO				
E. DO YOU WISH TO PURCHASE SERVICE CREDIT BUYBACK?				
<input type="checkbox"/> Yes <input type="checkbox"/> NO				
F. IS SPOUSE CURRENTLY WORKING OR RETIRED FROM IMPERIAL COUNTY?				
<input type="checkbox"/> Yes <input type="checkbox"/> NO				
DATE: _____ (mm/dd/yyyy)			DATE: _____ (mm/dd/yyyy)	
SIGNATURE OF WITNESS (must be ICERS staff or notary)			SIGNATURE OF APPLICANT	
<p>_____ I understand that if I apply for a service retirement with a disability retirement pending, the service retirement disposes of any sick leave time I have and therefore there will be no sick leave available to be cashed out if my disability application is granted.</p> <p>*CANCELING RETIREMENT: Any member wishing to cancel retirement must notify the Retirement System in writing of cancellation up to and including 5:00 p.m. on the effective date of retirement as stated on the member's application.</p> <p>**NOTE: this will be based on compensation earnable during the year immediately preceding your retirement, unless you elect a different year per Govt Code 31462.1</p>				