

Retirement Application Questionnaire

Please complete this questionnaire to assist in completing your retirement application. When your application has been prepared, based on your responses to this questionnaire, a formal application will be sent for your final review and signatures. After your signed, **notarized** application has been received by the HR department, it will be sent to Adventist Retirement at the North American Division for processing. Once received at Adventist Retirement, it may take up to **6 months for processing**.

www.adventistretirement.org for Thinking About Retirement document, Defined Benefit and SHARP policy documents.

When providing your responses to “Yes” or “No” questions, please circle the appropriate response, providing any additional information as requested. Thank you.

Section 1. Personal Information

1. Name: _____
2. Address: _____
3. Social Security Number: _____ Date of Birth: _____
4. Personal E-mail address: _____
Please provide a non-work e-mail address to allow Retirement to communicate with you via e-mail.
5. Mobile telephone number: _____
Please provide both numbers so Retirement has the ability to contact you.
6. If you are currently working in denominational employment, what is the date you plan to cease work? _____
7. What is your requested retirement date? _____
Your retirement date must be the first day of a given month.

Section 2. Service and/or Vesting Credit

8. Have you ever received long-term disability benefits in connection with your denominational employment? **Y or N**
IF YES:
 - When did your long-term disability benefits begin? _____
9. Have you ever served in the military? **Y or N**
IF YES:
 - Did you enter or re-enter full-time denominational employment within one year after your discharge date? **Y or N****OR**

- Did you enter or re-enter further training for denominational service within one year after discharge and within one year after completing your training enter full-time denominational employment? **Y or N**
- Please provide the dates of your military service. _____
- Please enclose a copy of your military discharge papers with this questionnaire.

10. **For Pastors Only:** Did you earn a graduate degree above the Master of Arts level prior to January 1, 2000? **Y or N**

IF YES:

- Did you begin, or return to, full-time denominational service within one year of receiving the degree? **Y or N**
- What degree did you earn? _____
- When did you graduate/receive your degree? _____
- Please provide a copy of the transcript of your degree completion.
See attached "Graduate Study Service Credit" letter and decision tree.

Section 3. General Information

11. **For Pastors Only:**

- Are you applying for the Parsonage Allowance Exclusion? **Y or N**
- If an ordained minister, is your Social Security Election form in your employee file? **Y or N**
- Please provide your ordination date: _____

12. Are you a Qualifying Independent Transfer Employee? **Y or N**

13. Are you a Career Completion Option Employee? **Y or N**

Section 4. Spousal Questions

14. If married, Name of Spouse (including maiden name): _____

- Spouse's Social Security Number: _____
- Spouse's Date of Birth: _____
- Date of Marriage: _____

15. Have you ever been divorced? **Y or N**

IF YES:

- What was the date of your marriage? _____
- What was the date of your divorce? _____
- A copy of the property settlement or QDRO must be included with your retirement application. (If you were married to your current spouse prior to your first denominational employment, these documents are not required.)

- If you were divorced prior to denominational employment, please provide a copy of the divorce decree with the judge signature and showing the date of the divorce. If the ex-spouse has died, we will accept a death certificate in lieu of the divorce decree.

16. What was the date of marriage to your current spouse? _____

17. Is your spouse currently receiving benefits from and Adventist Retirement Plan? **Y or N**
(you must notify Adventist Retirement when your spouse takes an ARP DC Plan distribution.)

18. Will your spouse qualify for benefits from and Adventist Retirement Plan n the future? **Y or N**

19. Is your spouse receiving **employer**-funded retirement benefits from ANY employer now?
Y or N

IF YES:

- What is the monthly amount? \$ _____

20. Will your spouse qualify for an employer-funded benefit from ANY retirement plan in the future? **Y or N**

IF YES:

- When will your spouse qualify for those benefits? _____
- What employer is providing those benefits? _____
- What is the current value of the employer-provided portion of those benefits?
\$ _____ **(answer required)**

21. Did or will your spouse have access to an employer-funded lump-sum retirement benefit from ANY employer? **Y or N**

IF YES:

- What was/will be the amount? \$ _____ **(answer required)**
- What date was/will this lump sum be accessible? _____
- What employer is providing those benefits? _____

22. Are you applying for a Spouse Allowance? **Y or N**

IF NO:

- Please explain why not: _____

Please submit statement copy documenting the monthly amount and/or value of the employer-funded portion of the spouse's retirement benefit account, including any withdrawals/rollover transfers. If not submitted when application is processed, Spouse Allowance will not be granted.

Section 5. Form of Benefit Decisions

If you are married, your monthly retirement benefit can be paid in a "joint and survivor annuity **unless you elect** to have your benefit paid in a "single life annuity." The joint and survivor annuity reduces your monthly payment by 10%. The reduced amount under the joint and survivor annuity grants your spouse the ability to receive a portion of your monthly benefit for the rest of his/her life if you die

before your spouse. Most married people elect the joint and survivor annuity unless the spouse already has ample retirement resources available. Please refer to your *"Thinking About Retiring?"* booklet on the Adventist Retirement website www.adventistretirement.org for more information.

Please complete the below statement by writing on the blank line, either:

"Joint and Survivor" OR "Single Life"

"I choose to have my monthly benefit paid in a _____ annuity."

23. Do you want federal income tax withheld from your pension or annuity? **Y or N**

IF YES:

- Please obtain an original Form W-4P along with IRS instructions at the IRS web site and submit the signed copy: www.irs.gov/pub/irs-pdf/fw4p.pdf
- If a completed W-4P is not received by the Retirement Office, a default entry of Married with 3 allowances will be made as required by the IRS. Generally, this will result in no taxes withheld.

Section 6. Payment Decisions

24. Adventist Retirement requires monthly pension benefits to be directly deposited. Please enclose a voided check for the account you want your benefits deposited into.

25. **PRE-2000 Retirement Allowance:**

Did (will) you work at least 1,000 hours during each of the 2 years immediately preceding your retirement date and go directly from active denominational service into retirement? **Y or N**
(There are limited exceptions that can extend the "active service" period for 36 months from the date you ceased working. Please see your *"Thinking About Retiring?"* booklet, pages 42-43 for more information.)

If you answered "No" to the previous question, skip to Section 7.

If you answered "Yes" to the previous question, you may be eligible for a one-time payment of a retirement allowance in addition to your monthly retirement benefit. If you are eligible for a pre-2000 retirement allowance, you may choose to receive all or a portion of that allowance in a lump sum and/or deposit all or a portion of it in a tax-deferred account. Due to IRS and plan rules, you may make different selections for the retirement allowance amounts associated with employment before 2000 and employment after 1999. Please read all the options before answering.

Pre-2000 Retirement Allowance Amount

- Do you want all or a portion of the retirement allowance associated with your pre-2000 employment ("pre-2000 retirement allowance") paid in a lump-sum to you? **Y or N**

IF YES:

- what percentage do you want to have paid to you in a lump-sum? _____
(Income tax automatic withholding rules will apply.)

- Do you want all or a portion of your pre-2000 retirement allowance deposited in a qualified tax-deferred account so that you do not have to immediately pay taxes on it?

Y or N

IF YES:

- If yes, what percentage of the retirement allowance do you want placed in the tax deferred account? _____%
- What account/plan do you want to have it deposited in?

(e.g., Adventist Retirement Plan account with Empower, IRA, etc.)
- If other than your Adventist Retirement Plan account with Empower, what is the plan name, account number, address, contact name, and contact phone number for the account where you want your money deposited?

Post-1999 Retirement Allowance Amount

Any Retirement Allowance associated with your post-1999 employment will automatically be deposited into your Empower Retirement Plan account because Arizona Conference Corporation of Seventh-day Adventists invoked the “Special Pay Resolution” as allowed by the General Conference effective April 25, 2012.

- Please fill out the attached Empower Retirement Allowance “Incoming Direct Rollover from Seventh-day Adventist Retirement Plan of North American Division (Defined Benefit), a 403(b) plan form”.

Section 7. SHARP Decisions

You must have at least **15 years of church service credit** **prior to July 1, 2020**, to be eligible to participate in SHARP (the supplemental health care program for retirees).

SHARP requires enrollment in Medicare Part A and Part B. It is your responsibility to apply to Social Security Administration for Medicare Part B, and you should do so 60 days in advance of your retirement effective date. You may receive a subsidy/credit, based on your qualified years of service, to assist with the monthly cost of supplemental Medicare plans. Please refer to your “*Thinking About Retiring?*” booklet (pages 21-32) and SHARP plan document for more information.

26. Do you want to apply for SHARP coverage? **Y or N**

If NO, please state why not: _____

And skip the remainder of this Section

If YES:

- When do you want SHARP coverage to begin? _____

(Some individuals need SHARP to start as soon as they retire, while others have coverage through another source, such as their spouse's employer, and choose to wait until that coverage ends before going on SHARP. If you wait to enroll until you lose other coverage, **you must file an enrollment application with SHARP within 30 days of loss of such coverage.**)

27. Do you want to apply for SHARP coverage for your Spouse? **Y or N**

(WARNING: You can apply for SHARP coverage for your spouse only if you have elected the joint and survivor annuity form of benefit. If you elected the single life annuity form of benefit in Section 5, be sure you have reviewed that section carefully. If you wish to change your election, you must go back and make the change in Section 5 before you can apply for SHARP coverage for your spouse.)

If YES:

- When do you want your Spouse's coverage to begin? _____
(If a full-time employed spouse currently has employer coverage, you will wait to enroll him/her in SHARP until he/she loses the employer coverage. If you wait to enroll your spouse, **you must file a new enrollment application with SHARP 30 days prior to when your spouse loses his/her coverage to add your spouse to SHARP**)

28. Do you have any dependent children under the age of 26? **Y or N**

If YES:

Please provide names, dates of birth and a copy of the Social Security card for each dependent child.

Section 8. Medicare Related Questions

29. Did you ever opt out of participation in the U.S. Social Security Program?* **Y or N**

IF YES:

- When did you opt out? _____
 - Did you ever opt back in? **Y or N**
 - When did you begin participating again? _____
- This question primarily applies to pastors**

30. Have you applied for Part B coverage with Medicare? **Y or N**

IF YES: you must provide a copy of your Medicare Part B card when you return your signed application, to receive partial reimbursement of your Medicare Part B premiums. (Again, the reimbursement is based on your years of service. Refer to the "Thinking About Retiring?" booklet for more information.)

IF NO: please be sure to submit your Medicare Part B application to Social Security Administration 60 days in advance of your retirement effective date.

If you are not yet eligible for Medicare Part B, you will be required to provide a copy of your Medicare Part B card to Adventist Retirement when you become eligible for Part B in order to receive the reimbursement.

Include a copy of you and your spouse's Social Security cards. Also include your dependent children's cards. Healthcare is not activated if the cards are not sent to Adventist Retirement.

31. Please indicate which SHARP options you want for you and your Spouse? Remember, if eligible, credit will be applied based on your years of service to help offset the cost. Please refer to the "Thinking About Retiring?" booklet for more information regarding the credit.

Options	Retiree	J & S Spouse
Dental/Vision/Hearing (\$105/person/month)	Y or N	Y or N

**** Medicare supplemental coverages purchased through the Alight group)**

Upon receipt of your Retirement application Adventist Retirement will alert the Alight office of your pending enrollment. Alight will send out an invitation letter for you to contact them to set up a conference call to discuss your MediGAP and Medicare Advantage /Prescription options. They will assist you in finding a plan that best suits your needs. Please be sure to call Alight as soon as you get their welcome letter so that your enrollment is not delayed.

Resources mentioned in this document can be downloaded from the following website:

<http://www.adventistretirement.org/employee/defined-benefit-plan/>

I have fully reviewed this Questionnaire and I am authorizing The Arizona Conference Corporation of Seventh-day Adventists to use the answers provided for preparing my Retirement Application. I understand my retirement benefits are not being applied for as a result of my signature below. I acknowledge I will have an opportunity to review and sign the formal Retirement Application prior to it being submitted to the Adventist Retirement for processing.

Signature: _____

Date: _____

Please call or e-mail me if you have questions. If I require additional information or clarification for any of your responses, I will contact you. If you wish to change any of your responses prior to your application being submitted to Adventist Retirement, please call me. My contact information is as follows:

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**CHECKLIST OF ITEMS YOU MUST SUBMIT
TO OUR OFFICE ALONG WITH YOUR APPLICATION:**

- _____ Copy of Medicare Card for both you and your spouse
- _____ Copy of Social Security Card for both you and your spouse (and dependent children)
- _____ A voided check
- _____ Copy of any divorce decree involving ex-spouse if he/she is still living (if applicable)
- _____ Copy of Statement documenting the monthly amount and/or value of the employer-funded portion of Spouse's retirement benefit account, including any withdrawals/rollover transfers. **If not submitted when application is processed, Spouse Allowance will not be granted.**
- _____ Copy of most current Form 1040 if applying for dependent child healthcare (if applicable)
- _____ Copy of Military Induction/Discharge documentation if applying for Military Service Credit (if applicable)
- _____ ITR letter from the General Conference or North American Division if you were an Independent Transfer employee (if applicable)
- _____ Copy of transcript if applying for Graduate Study Credit
- _____ Empower Retirement Allowance Incoming Direct Rollover from Seventh-day Adventist Retirement Plan of North American Division (Defined Benefit), a 403(b) plan