

Retirement Application Questionnaire

Please complete this Questionnaire so we can generate your Retirement Application based on your responses. Once completed, we will send your original Application to you for final review and approval. Once you return your signed, **notarized** Application to our office, we will submit it to the North American Division's Retirement Plan for processing.

Please be advised **once your signed, notarized Retirement Application is received by the North American Division's Retirement Plan office it takes approximately 4 months for your Application to be processed; only then will you begin receiving your benefits.**

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. Telephone numbers: Home _____ Mobile _____
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. Please provide the Seventh-day Adventist Conference where your membership is held?

8. What is your requested retirement date? _____
Your retirement date must be the first day of a given month.
9. Please provide the last position you held in denominational work: _____
10. Please provide your last denominational employer: _____
11. If married, Name of Spouse (including maiden name): _____
 - Spouse's Social Security Number: _____
 - Spouse's Date of Birth: _____
 - Date of Marriage: _____

12. 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 divorce decree must be submitted with your Retirement Application.

Section 2. General Information

13. 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: _____

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

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

Section 3. Service and/or Vesting Credit

16. 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? _____

17. 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. _____

18. **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 earning the degree? **Y or N**
- Please provide the degree you earned. _____
- Please provide when you graduated and/or earned your degree? _____

See attached "Graduate Study Service Credit" letter and decision tree.

Section 4. Spousal Questions (if divorced, proceed to Section #5)

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

IF NO:

- Please explain why not: _____

20. Has your Spouse ever worked for any employer, SDA or non-SDA? **Y or N**

IF YES:

- Has your spouse ever earned ANY kind of **employer**-funded retirement benefit other than Social Security, including but not limited to pension/annuity, 401(k), 403(b), Adventist Retirement DC Plan, IRA, Retirement Savings Account?

- Provide the monthly amount of the benefit that spouse is receiving or will receive. If benefit is based on employer contributions to a retirement account, what is the value of the employer-funded portion, including any prior withdrawals/rollovers from these funds.

- When will your Spouse qualify for those benefits? _____
- Employer and/or organization providing those benefits

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.

21. If your Spouse has no current or future retirement benefits, please explain why:

22. Is your Spouse currently receiving benefits from an Adventist Retirement Plan? **Y or N**

23. Will your Spouse qualify for benefits from an Adventist Retirement Plan in the future?
Y or N

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

IF YES:

- What is/was the amount? _____
- What date is/was this lump-sum accessible? _____
- What is/will be the monthly disbursement? _____
- What employer is providing those benefits? _____

Section 5. Form of Benefit and Tax Decisions

If you are married, your monthly retirement benefit will be paid in a “joint and survivor annuity” form **unless you elect** to have your benefit paid in a “single life annuity” form. When benefits are paid in a joint and survivor annuity form, the monthly benefit will be slightly smaller than the single life annuity option monthly benefit. The reduced amount under the joint and survivor option reflects that your Spouse will continue to receive a portion of your monthly benefit for the rest of his/her life if you die before your Spouse. Most married people want the benefit paid in a joint and survivor annuity form unless the spouse already has ample retirement resources available. Please refer to your “*Thinking About Retiring?*” booklet for more information.

Please complete the below statement by writing either:

“Joint and Survivor” OR “Single Life”

“I want my monthly benefit paid as a _____ annuity.”

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

IF YES:

- What is the total number of allowances you want to claim for withholding from each periodic pension or annuity payment payments? _____
- What marital status do you want to claim? **Married or Single**
If Married you can still select Single for withholding at a higher rate.
- Do you want an additional amount of taxes withheld from each pension or annuity payment? **IF YES:**
How much? _____

Section 6. Payment Decisions

26. The North American Division Retirement Plan office now requires that all monthly benefits are direct-deposited. Please provide a voided check.

27. **Retirement Allowance:** *In order to be eligible for the Retirement Allowance benefit you must retire directly from denominational employment. If you left denominational work and began employment with a non-denominational employer prior to retiring you are not eligible for this employee benefit.*

28. 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 actually ceased working. Please see your “Thinking About Retiring?” booklet, page 32 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. Your **pre-2000** Retirement Allowance will automatically be deposited in a qualified tax-deferred account so you do not have to immediately pay taxes on it.

- Provide the account/plan information for where your Retirement Allowance funds will be deposited in.
_____ (e.g., Great West Retirement Plan account, IRA, etc.)
- If funds will be deposited into your Great West account, please fill out the attached Great West Retirement Allowance Incoming Direct Rollover from Seventh-day Adventist Retirement Plan of North American Division (Defined Benefit), a 403(b) plan form.
- If funds will be deposited into an account different than your Great West Retirement Plan account, please provide the plan name, account number, type of plan (TSA, IRA, other), address, contact name, and contact phone number for the account where you want your money deposited?

- Any Retirement Allowance associated with your post-1999 employment will automatically be deposited into your Great West Retirement Plan account because The Arizona Conference Corporation of Seventh-day Adventists invoked the “Special Pay Resolution” as allowed by the General Conference effective April 25, 2012.
- Please provide your Great West account number, address of plan, your account representative’s name and telephone number.

Section 7. S.H.A.R.P. Decisions

If you have at least **15 years of church service credit**, you are eligible to participate in S.H.A.R.P. (the supplemental health care program for retirees) once you start receiving benefits from the Retirement Plan. S.H.A.R.P. works in conjunction with Medicare, so generally you must be Medicare-eligible as well. You will receive a credit, based on your years of service, to assist with the monthly cost of S.H.A.R.P. coverage. Please refer to your “*Thinking About Retiring?*” booklet (pages 28-31) and S.H.A.R.P. plan document for more information.

29. Do you want to apply for S.H.A.R.P. coverage? **Y or N**

If NO, please state why not: _____

If NO, skip the remainder of this Section.

If YES:

- When do you want S.H.A.R.P. coverage to begin? _____
(Some individuals need S.H.A.R.P. 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 S.H.A.R.P. If you wait to enroll until you lose other coverage, **you must file an enrollment application with S.H.A.R.P. at that time.**)

30. Do you want to apply for S.H.A.R.P. coverage for your Spouse? **Y or N**

(WARNING: You can apply for S.H.A.R.P. coverage for your spouse only if you have selected the joint and survivor annuity form of benefit. If you selected the single life annuity form of benefit in Section 5, you must go back and change that selection before you can apply for S.H.A.R.P. coverage for your spouse.)

If YES:

- When do you want your Spouse’s coverage to begin? _____
(If a spouse currently has employer coverage, you may wait to enroll him/her in S.H.A.R.P. until he/she loses the employer coverage. If you wait, **you must file a new enrollment application with S.H.A.R.P. when your spouse loses his/her coverage to add your spouse to S.H.A.R.P.**)

31. Do you have any dependent children? **Y or N**

If YES:

Please provide names, dates of birth and Social Security numbers for each dependent child.

32. 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 you are not yet eligible for Medicare Part B, you will be required to provide a copy of your Medicare Part B card to S.H.A.R.P. once you become eligible for Part B in order to receive the reimbursement.

33. Please indicate which S.H.A.R.P options you want for you and your Spouse? Remember, a 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
Base Option (\$35/person/month)**	Y or N	Y or N
Dental/Vision/Hearing (\$65/person/month)	Y or N	Y or N
Prescription Drugs (\$120/person/month)	Y or N	Y or N
Medicare Extension (\$145/person/month) **	Y or N	Y or N

** Please pick either the Base Option or the Medicare Extension but not both.

I have fully reviewed this Questionnaire and I am authorizing The Arizona Conference Corporation of Seventh-day Adventists to use the answers contained herein 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 North American Division for processing.

Signature: _____

Date: _____

Please call or e-mail me if you have questions. Should I require additional information or clarification for any of your responses I will contact you. Should it be necessary for you to change any of your responses prior to your Application being submitted please call me. My contact information is as follows:

Cindy Brown
Arizona Conference Corporation of Seventh-day Adventists
P.O. Box 12340
Scottsdale, AZ 85267
480.991.6777
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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

AND/OR

_____ Copy of Social Security Card for both you and your spouse (if not currently eligible for Medicare)

_____ 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 check (if applicable)

_____ Copy of transcript if applying for Graduate Study Credit

_____ Great West Retirement Allowance Incoming Direct Rollover from Seventh-day Adventist Retirement Plan of North American Division (Defined Benefit), a 403(b) plan

_____ S.H.A.R.P. Standard Enrollment Form

_____ Pre-Medicare/Non-Medicare S.H.A.R.P. Enrollment Form (if applicable)