



Request for Retirement Calculation

Please complete the information below and return it by fax to (202) 442-5315 or mail to:
Office Human Resources
Benefits and Retirement Division
825 North Capitol Street, NE suite 6000
Washington, DC 20002

Your Information

Today's Date _____

_____, _____, _____
Last name First name MI

Street Address apt#

_____, _____, _____
City State Zip Code

_____, _____
Home Phone Number Work Phone Number

_____, _____, _____
Social Security Number Date of Birth

_____, _____
Place of Employment Position Title

_____, _____, _____
Grade Step Salary

About Your Retirement

Proposed Date of Retirement _____

Type of Retirement (please check the appropriate box)

() Regular () Disability () Involuntary

Would you like to include a survivor annuity calculation? _____

What percentage would you like your spouse to receive? _____
(you may select a percentage from 1% to 55%)

Your Employment History

DCPS Service _____ (month, day, year) _____ (month, day, year)

DC Government Service _____ (month, day, year) _____ (month, day, year)



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Your Employment History (con't)

Prior Teaching Service _____
(month, day, year) (month, day, year)

*Military Service _____
(month, day, year) (month, day, year)

Federal Government Service _____
(month, day, year) (month, day, year)

**Excluding service while in the National Guard unless you were called to active duty.*

General Information

1. Have you ever separated from the DCPS? _____
2. If so, when? _____
3. Have you ever received a refund of your retirement contributions? _____
4. If yes, when did you receive the refund? _____
5. Have you paid back or redeposited monies that were refunded to you? _____
6. Have you ever been on leave without pay for more than six months? _____
7. If so, when? _____
8. Have you ever received worker compensation benefits for six or more consecutive months? _____
9. If so when? _____
10. Have you purchased any additional service toward retirement? _____
(please include proof of purchase)
11. If so, how much time has been purchased _____
(years) (months) (days)

Do not complete this form if you are an employee enrolled in the 401(a) Defined Contribution Plan



Instructions for Completing the Request for Retirement Calculation

Your Information

Please provide your:

Last name as it appears on your paycheck

First name as it appears on your paycheck

Middle initial (if applicable)

Mailing Address – including city, state and zip code

Social Security Number

Birth Date -- month, day, and complete year.

Place Employment – i.e., Brookland Elementary, Central Office, 5th Street Bus Terminal

Position Title – i.e., English teacher, Administrative Officer, Engineer

Telephone Number(s): Provide your home and/or work number in case we need to reach you.

About your Retirement

Proposed retirement date – *optimally the date should be at least 1 year prior to the date you submit our request for calculation.*

Type of retirement

Indicate the retirement option.

You are eligible to apply for ***regular retirement*** if you are:

age 62 with 5 years of service;

age 55 with 30 years of service;

age 60 with 20 years of service; or

any age and hired on or after November 16, 1996 with 30 years of service*

**this provision only applies to the Teachers' Retirement Plan*

You are eligible to apply for ***disability retirement*** if you have at least 5 years of service and have been deemed disabled by your physician.

You are eligible for ***involuntary retirement*** in the event of involuntary separation from service for reasons other than misconduct or delinquency.

Your Employment History

This is the most critical section of the form. We will use your DCPS employment history to calculate your years of service, however, you may have accrued eligible service in other ways which can be used toward calculating your total years of service:

DC Government Service: employment with one of the District of Columbia's government agencies i.e., Department of Mental Health or the Chief Financial Office.



Instructions for Completing the Request for Retirement Calculation

Prior Teacher Service: you may purchase up to 10 years of approved teaching service from another school district. To learn more about this option, contact the DC Retirement Board @ 202 343-3200.

Military Service: see summary plan description

Federal Government Service: see summary plan description.

General Information

Questions 1 and 2: if applicable, provide dates when your employment with DCPS was interrupted. **Be sure to include month and year.** For example, January 1976 thru June 1976.

Questions 3 thru 5: if you have ever received a distribution from your pension plan (Civil Service Retirement and Teachers' Retirement Plan) indicate the approximate date when you received the refund, the amount of the refund and whether or not you redeposited the monies into your pension plan.

Questions 6 and 7: indicate if you have ever been in a leave without pay status for more than 6 consecutive months. Leave without pay status may include medical leave, educational leave, family leave. Include the date of the leave without pay.

Question 8: indicate if you have been on disability compensation for more than 6 consecutive months.

Question 9: indicate if you have purchased additional service which may be used in calculating your total years of service.