

Southern California Conference

Retirement Application Questionnaire

(Please note that this is NOT your retirement application.)

*Please complete this questionnaire so that your retirement application can be completed. When we have finished completing your application, based on your responses to this questionnaire, we will send the formal application to you for final review and signature. After you return your signed application and requested documents to our department, we will then send it to the North American Division Adventist Retirement Plan office for processing. **It takes approximately four (4) months for the NAD Adventist Retirement Plan office to process your completed application once they receive it.***

Section 1. Personal Information

1. Name: _____ (as it appears on your SS card)
2. Address: _____
3. Telephone Number: _____
4. E-mail address: _____
Please provide a **personal non-work e-mail address** to allow Retirement to communicate with you via e-mail.
5. Mobile telephone number: _____
Please provide this number for Retirement to have an additional way 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 should coincide with the first day of a month.

Section 2. Service and/or Vesting Credit

1. 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? _____
 - If yes, when did your long-term disability benefits end? _____
2. 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 when you return this questionnaire.

3. Did you earn a graduate degree above the Master of Arts level prior to January 1, 2000? (Y or N) _____. (See attached "Graduate Study Service Credit" letter and decision tree.) 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 and in what major?

 - When did you graduate/receive the degree? _____
 - What university granted the degree? _____

Section 3. Spousal Questions

1. Have you ever been divorced? (Y or N) _____. If yes . . .
 - What was your divorce date? _____
 - What was the date of your marriage to your ex-spouse? _____
 - A copy of your entire divorce decree must be provided with your retirement application unless you were divorced prior to your first denominational employment.
2. What was the date of marriage to your current spouse? _____
3. Is your spouse currently receiving benefits from an Adventist retirement plan? (Y or N) _____
4. Will your spouse qualify for benefits from an Adventist retirement plan in the future? (Y or N) _____
5. Is your spouse receiving employer-funded retirement benefits from ANY employer now? (Note: This excludes self-funded retirement accounts such as IRAs.) (Yes or No) _____
 - If yes, what is the monthly amount? _____
6. Will your spouse qualify for employer-funded benefits 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? _____
7. 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 employer is providing those benefits? _____

Section 4. Form of Benefit

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 about 10% smaller than the monthly benefit under the single life annuity option. 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 this statement by writing either "*joint and survivor*" or "*single life*":
"I choose to have my monthly benefit paid in a _____ annuity form."

Section 5. Payment Decisions

1. Do you want to have your monthly benefit deposited directly into your bank account? (Y or N) _____. (If yes, we will need a voided check.)
2. **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 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 for more information.)

If you answered "yes" to the question above, 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 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 of the options before answering.

Retirement Allowance Amount for service BEFORE January 1, 2000.

- 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, 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 into?
 _____ (e.g., Adventist Retirement Plan account with Great-West Financial, IRA, etc.)

If other than your Adventist Retirement Plan account with Great-West Financial, what is the plan name, account number, address, contact name, and contact phone number for the account where you want your money deposited?

Retirement allowance for service credit earned ON or AFTER January 1, 2000 will be deposited into your GREAT-WEST FINANCIAL account.

Section 6. SHARP Decisions

If you have at least 15 years of church service credit, you are eligible to participate in SHARP (the Supplemental Health Care Program for retirees) once you start receiving benefits from the retirement plan. SHARP works in conjunction with Medicare, so you generally must be Medicare-eligible as well. You will receive a credit, based on your years of service, to assist with the monthly cost of SHARP coverage. Please refer to your "Thinking About Retiring?" booklet and SHARP plan document for more information.

1. Do you want to apply for SHARP coverage? (Y or N) _____. 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 a 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 at that time.)

2. 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 under Section 4, you must go back and change that election before you can apply for SHARP coverage for your spouse.) If yes . . .
 - When do you want your spouse's coverage to begin? _____ (If a spouse currently has employer-provided coverage, you may wait to enroll him/her in SHARP until he/she loses the employer coverage. If you wait, you must file a new enrollment application with SHARP when your spouse loses his/her coverage to add your spouse to SHARP.)

3. Do you have any dependent children? (Y or N) _____. If yes, please provide names and dates of birth for each dependent child.

4. Which SHARP options do you want for you and your spouse (if applicable)? Remember, a credit will be applied based on your years of service to help offset the cost. Please refer to your "Thinking About Retiring?" booklet for more information regarding the credit. Note: Some 2016 premiums have increased.

Options 2015	Retiree (Y or N)	J & S Spouse (Y or N)
Base* (\$35/person/month)		
Dental/Vision/Hearing (\$75/person/month)		
Prescription Drugs (\$120/person/month)		
Medicare Extension* (\$175/person/month)		

*Do not select both the "Base" option and the "Medicare Extension" as there is some overlap between the two. Please refer to your SHARP booklet for more information.

Section 7. Medicare- Related Questions

1. Did you ever opt out of participation in the U.S. Social Security Program? * (Yes or No) _____. If yes, when did you opt out? _____. Did you ever opt back in? (Yes or No) _____. When did you begin participating again? _____ *This question primarily applies to pastors.
2. Have you applied for Part B coverage with Medicare? (Yes or No) _____. If yes, you will need to provide a copy of your Medicare Part B card to us 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 your "Thinking About Retiring?" booklet for more information.) If you are not yet eligible for Medicare Part B, you will need to provide a copy of your Medicare Part B card to SHARP when you become eligible for Part B in order to receive the reimbursement.

Please e-mail me if you have questions. We also will be in touch if I need additional clarification about your responses or other matters come up that are not covered by this questionnaire. If you need to change your answers before we send your application to you for review, please just e-mail us. Our contact information is:

Human Resources Department
Southern California Conference
P.O. Box 969
Glendale, CA 91209-0969
E-mail: scc.hr.rm@gmail.com
Phone: 818-546-8415
Fax: 818-546-8475

Please sign below to indicate that you have fully reviewed this questionnaire and are authorizing us to use your answers in preparing your retirement application. We will not apply for your retirement based on this signature. You will have the opportunity to review and sign the formal application document when it has been prepared.

Signature: _____

Date: _____

Please return your completed questionnaire to our office. Thank you!