



KANSAS CITY PUBLIC SCHOOL RETIREMENT SYSTEM

**3100 Broadway, Suite 1211
 Kansas City, MO 64111
 816.472.5800
 Fax: 816.472.5909
 Email: kcpsrs@kcpsrs.org
 Website: www.kcpsrs.org**

APPLICATION FOR RETIREMENT

MEMBER INFORMATION			
First Name	Middle Name	Last Name	Social Security Number
Mailing Address		City	State Zip
Phone Number	Personal Email Address		
<p>TO THE BOARD OF TRUSTEES: In accordance with the provisions of the law governing the operation of the Kansas City Public School Retirement System, the undersigned, a member of the Retirement System, does hereby make application for retirement as a</p> <p>_____ (position) at _____ (location)</p> <p>To be effective as of _____ (must be on the first day of the month)</p>			

PAYMENT OPTIONS	
<p>Sign your name on the line opposite the benefit payment option you select; <u>no change</u> in benefit payment option or, if survivor option elected, no change in designated survivor may be made after your first benefit payment.</p>	
<p>BASIC BENEFIT – Retirement benefit payable for life; in the event the retiree dies before his or her accumulated contributions and interest has been paid out as retirement benefits, the remaining balance will be paid to the retiree’s beneficiary or estate. No interest is credited after the retirement date.</p>	_____ (Signature)
<p>OPTIONAL PAYMENT PLANS – as provided by section 169.326 of the Missouri Revised Statute</p>	
<p>1. 100% Survivor Option – Reduced retirement benefit payable for life and continuing thereafter to the survivor named on this application for his or her remaining lifetime; in the event the survivor predeceases the retiree, the retiree’s benefit shall be adjusted to the basic benefit after a copy of the death certificate is received by KCPSRS. No payment of remaining accumulated contributions or interest at death of retiree or survivor.</p>	_____ (Signature)
<p>2. 50% Survivor Option – Reduced retirement benefit payable for life and continuing thereafter at <u>one-half</u> of the monthly benefit to the survivor named on this application for his or her remaining lifetime; in the event the survivor predeceases the retiree, the retiree’s benefit shall be adjusted to the basic benefit after a copy of the death certificate is received by KCPSRS. No payment of accumulated contributions or interest at death of retiree or survivor.</p>	_____ (Signature)
<p>3. Life Only Option – A slight increase over the basic benefit for life with no payment of remaining accumulated contributions or interest at death.</p>	_____ (Signature)

DESIGNATED SURVIVOR INFORMATION (PLEASE PRINT)			
Name		Relationship	
Mailing Address		City	State Zip
Phone Number		Email	
Date of Birth		Social Security Number	

MEMBER STATEMENT AND SIGNATURE				
<p>The information I provided on this application is true to the best of my knowledge and belief.</p> <p>Missouri law (RSMO 169.324.2) sets limits on hours worked and salary earned by KCPSRS retirees when working at KCPSRS-covered employer. This includes working with a temporary employment agency which sends staff to any KCPSRS-covered employer.</p> <ul style="list-style-type: none"> • Retirees cannot work more than 600 hours part-time, temporary-substitute each school year and continue to receive a retirement benefit. <i>School year is a 12-month period (July 1 – June 30). Hours worked during summer school count toward this limit.</i> • Retirees cannot earn more than 50% of the annual salary you were last paid by the employer before your retirement and continue to receive a retirement benefit. <p>I understand if I exceed the hours or salary limits OR return to work in a full-time capacity at any of the aforementioned employers, my KCPSRS benefit will be suspended until such time as I return to retirement status.</p> <p>In the event a member dies after signing this application but before his or her first retirement benefit is due, the member shall be considered as an active member at the time of death.</p> <p>I have read this entire application for retirement and fully understand its terms. I hereby waive and relinquish any and all rights to all benefits, options, rights and privileges identified on this application which I have not selected or elected by signing my name or otherwise as instructed on the application.</p>				
Dated at Kansas City Public School Retirement System		this	day of	, 2019
Signature of Member		Signature of Witness		

DOCUMENT VERIFICATION		
	Type of document used for proof	Initials
Verification of member's date of birth		
Verification of survivor's date of birth		