



Lacers.Services@Lacers.org | (800) 779-8328 | RTT (888) 349-3996

RETIREMENT DECISION SHEET

A guide for important decisions to be made during the retirement process.

*This form is solely meant to aid you in your retirement related decisions. The notes and selections you make on this form are **not binding** and will not be considered as your official retirement designations. Please have your retirement benefit estimate available for reference as you complete this sheet.*

I. YOUR RETIREMENT DATE AND APPLICATION

You are responsible for selecting your desired retirement date. While LACERS' staff will never tell you what day you should retire, you should consider the following information when selecting your date:

- In retirement you will be paid **monthly**.
- The first retirement check is **retroactive to your retirement date** and will be a larger payment than your normal retirement allowance.
- To ensure that your last City payment is for a full, rather than a partial pay period, LACERS recommends **selecting a retirement date at the end of a pay period**.

MY DESIRED RETIREMENT EFFECTIVE DATE (RED): ____/____/____

To be eligible for my desired retirement date, I must log into the LACERS Retirement Application Portal and submit my application during the filing period no sooner than:

Enter Date 60 **calendar days** prior to your RED above: ____/____/____

And no later than:

Enter Date 30 **calendar days** prior to your RED above: ____/____/____

II. YOUR REQUIRED DOCUMENTS

The following is a list of required documents that you will need to submit. Check the box next to all the documents that apply to yourself and your Spouse/ Domestic Partner, if applicable. These are the documents you will need to gather, scan and upload to the Retirement Application Portal.

Document	Self	Spouse/DP
State/Federal Photo Identification	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes <input type="checkbox"/> N/A
Birth Certificate/Passport	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes <input type="checkbox"/> N/A
Marriage License/Domestic Partnership Certification	<input type="checkbox"/> Yes <input type="checkbox"/> N/A	
Dissolution of Marriage/Domestic Partnership	<input type="checkbox"/> Yes <input type="checkbox"/> N/A	

For more details on the types of documents accepted including alternatives to those listed, visit lacers.org/required-documents.

III. YOUR RETIREMENT PAYMENT

CASH REFUND ANNUITY OPTION	LIFE ANNUITY OPTION
After my death and the death of my elected Continuance beneficiary (if applicable), any unused contributions will be refunded to my designated beneficiary.	After my death and the death of my elected Continuance beneficiary (if applicable), all unused contributions will be forfeited to LACERS. This choice results in an increased retirement allowance.

Total Contributions on my Retirement Date: \$_____ (Refer to your estimate, page 1)

I will most likely choose the ☐ **Cash Refund Annuity** ☐ **Life Annuity** option.

My Retirement Benefit Estimate shows my estimated base monthly payment as \$_____.

SINGLE MEMBERS ONLY Survivor Contributions Refund	MARRIED/DOMESTIC PARTNERSHIP MEMBERS Continuance Election
<p>Survivor Contributions Refund Amount: \$_____ (Refer to your estimate, page 2)</p> <p>I WILL LIKELY CHOOSE TO:</p> <p><input type="checkbox"/> Apply the above amount to my retirement allowance for a slight, but permanent increase in my monthly payment.</p> <p><input type="checkbox"/> Take a refund for the above amount in the form of a one-time, lump-sum payment, less taxes.</p> <p><input type="checkbox"/> Take a refund of the above amount as a rollover to another qualified retirement account.</p>	<p>Based on your selection above for Cash Refund or Life Annuity, consider the figures on page two of your estimate and make note of your most likely choice for a continuance percentage below.</p> <p>I WILL LIKELY SELECT:</p> <p>Continuance: _____ %.</p> <p>My expected retirement payment: \$_____.</p> <p>Continuance to my Spouse or Domestic Partner: \$_____.</p>

IV. SERVICE PURCHASES

If you worked for the City of Los Angeles in a temporary, exempt, or part-time position, another government agency, the United States military, or if you have unpaid leave(s) during your City career, you may qualify for a LACERS Service Purchase or Reciprocity. **If you meet these criteria and have not yet applied to purchase your service or establish reciprocity, please contact LACERS and speak with a Buyback Representative.** For more information on Service Purchases, visit lacers.org/buybacks; **OR**

☐ I am currently paying off my contract ☐ I have applied and completed my purchases

V. YOUR HEALTH INSURANCE

My Medicare Status: ☐ N/A ☐ B ☐ A&B. My Dependents' Medicare Status: ☐ N/A ☐ B ☐ A&B.

Medical Coverage: _____

Dental Coverage: ☐ DeltaCare USA HMO or ☐ Delta Dental PPO

Years of Service: _____ No. of Dependents Covered: _____

Monthly Deduction: (the amount you pay, if any, above your allotted subsidy):

Medical Deduction: \$_____. **Dental** Deduction: \$_____.