

**DC DEPARTMENT OF HUMAN RESOURCES**

**Benefits and Retirement Administration**

401(a) Defined Contribution Retirement Plan				
<p>Employees hired on or after October 1, 1987, must meet both eligibility requirements to retire from the District of Columbia government under the 401(a) Defined Contribution.</p> <p>1. Eligible to receive a Social Security Award Letter; and</p> <p>2. Have a minimum of ten (10) years of credible service (five (5) years with retirement incentive award)</p> <p>Do you currently meet the eligibility requirements? <span style="float: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</span></p>				
<b>A. Tell me about yourself</b>				
Last Name:	First Name:	Middle Name	Suffix	Date of Birth
				/ /
Agency	Position Title	Grade/ Salary	Projected Retirement Date	
			/ /	
<b>B. Tell me about your preferences</b>				
<p>What language should we use to communicate with you? _____</p> <p>What is your preferred contact method?</p> <p><input type="checkbox"/> Email _____ Phone number <input type="checkbox"/> _____</p> <p>Do you plan to continue participating in the District's Employee Health Benefits Program? <span style="float: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</span></p> <p style="padding-left: 20px;">If "yes," would you have been enrolled in health insurance for the five (5) years preceding your retirement date?</p> <p>Do you plan to continue participating in the District's Employee Life Insurance Program? <span style="float: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</span></p> <p style="padding-left: 20px;">If "yes," would you have been enrolled in life insurance for the five (5) years preceding your retirement date?</p> <p>Have you retired from the District of Columbia Government before? <span style="float: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</span></p> <p>Have you been employed with DC Government for at least ten (10) years? <span style="float: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</span></p> <p>If you are 65 or over, are you enrolled in Medicare Part B? <span style="float: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</span></p>				
<b>C. Tell me about your employment history.</b>				
<b>Where you ever employed with any of the following agencies?</b>				
<input type="checkbox"/> Child and Family Services Agency (CFSA)		<input type="checkbox"/> Department of Disability Services (DDS)		
<input type="checkbox"/> DC Housing Authority (DCHA)		<input type="checkbox"/> Office of the Chief Financial Officer (OCFO)		
<input type="checkbox"/> DC Public Schools (DCPS)		<input type="checkbox"/> Metropolitan Police Department (MPD)		
<input type="checkbox"/> Department of Behavioral Health (DBH)		<input type="checkbox"/> University of the District of Columbia (UDC)		
<p>Do you have pertinent questions you wish to have answered before your retirement appointment?</p> <p><small>*Please note retirement appointments are schedule 40days from your projected Retirement Date</small></p> <p>1.</p> <p>2.</p> <p>3.</p> <p>4.</p>				
<p>Does the retiree have an allotment on their paycheck?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>		<b>Office Use</b>		
		<b>Employer Signature</b>		<b>Date:</b>