



District of Columbia Retirement Board (DCRB)
Benefits Department

900 7th Street, NW, 2nd Floor • Washington, DC 20001
Telephone: (202) 343-3272 • Toll Free: (866) 456-3272 • Fax: (202) 566-5001

Application for Deferred Retirement Annuity
District of Columbia Teachers' Retirement Plan

By completing this form, you are making an election to receive a deferred retirement annuity commencing at age 62 under D.C. Code § 38-2021.09(a). Please note that processing your request may take from thirty (30) to sixty (60) days to complete.

Deferred retirement annuitants are not eligible for retiree health or life insurance coverage. However, when you separate, you may purchase up to three (3) years of temporary health insurance coverage and/or convert to an individual policy with your insurer. You may also convert your life insurance coverage to an individual policy. Contact your Office of Human Resources if you would like more information on your health and/or life insurance continuing coverage options.

Section I: Member Information

Name: _____
First Middle Last

Mailing Address: _____
Street City State Zip Code

Social Security Number: _____ - _____ - _____ Date of Birth: _____ - _____ - _____

Phone Number: _____ E-Mail Address: _____

Date of Hire: _____ - _____ - _____ Date of Separation: _____ - _____ - _____

Marital/Domestic Partnership Status:

- Single
Married Date: _____
Divorced Date: _____
Separated Date: _____
Domestic Partner Registration Date: _____

If married, Spouse Name: _____
First Middle Last

Spouse Social Security Number: _____ - _____ - _____ Spouse Date of Birth: _____ - _____ - _____

If domestic partnership, Partner Name: _____
First Middle Last

Partner Social Security Number: _____ - _____ - _____ Partner Date of Birth: _____ - _____ - _____

1 Because the Federal government does not recognize registered domestic partnerships for retirement benefits, only benefits based on your service earned after June 30, 1997 will be paid. See D.C. Law 17-231, effective Sept. 12, 2008.



- Reduced Annuity with a survivor annuity to a person with an insurable interest** (*survivor benefit equals 55% of your reduced annuity*)

Designated person with an insurable interest: _____
First middle last

Date of Birth: ____-____-____ Social Security Number: ____-____-____

Relationship to you: _____

3. If you are divorced, is your annuity subject to the D.C. Spouse Equity Act of 1988 (D.C. Code § 1-529.01 et seq.)?

Yes No

If you answered "Yes" and are married or in a registered domestic partnership, please elect one of the following options: (see *fact sheet for more information on elections*)

4. If you answered "Yes" to question #3, was your court order submitted to and approved by DCRB as a qualifying court order under the D.C. Spouse Equity Act?

Yes No

5. If you answered "No" to question #4, please submit your court order to DCRB for approval. Your qualifying court order may restrict your survivor annuity elections.

Section III: Member Certification and Authorization

I hereby certify that the information I have provided herein is true and correct to the best of my knowledge. By completing and submitting this form, I understand that I am electing a deferred retirement annuity under the D.C. Teachers' Retirement Plan.

Member Signature: _____ Date: _____

Member Printed Name: _____

Return this form to the District of Columbia Retirement Board ~ Attention: Member Services

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