



Application for Alaska Cost-of-Living Allowance

FOR OFFICE USE ONLY

Toll-Free: (800) 821-2251
alaska.gov/drb

Division of Retirement and Benefits
P.O. Box 110203
Juneau, AK 99811-0203

Juneau: (907) 465-4460
TDD: (907) 465-2805
Fax: (907) 465-3086

I am receiving benefits from:	<input type="checkbox"/> Public Employees' Retirement System (PERS) <input type="checkbox"/> Teachers' Retirement System (TRS) <input type="checkbox"/> Both PERS and TRS systems
--------------------------------------	---

Please check one of the following:	<input type="checkbox"/> I am applying for COLA for the first time. <input type="checkbox"/> I have reached age 65 (for PERS members first hired July 1, 1986, or after) (for TRS members first hired July 1, 1990, or after).
---	---

I, _____ wish to receive Alaska Cost-of-Living Allowance (COLA) payments effective the date of my eligibility to receive these benefits. I understand, for the purposes of AS 39.35.480 (PERS) or AS 14.25.142 (TRS), that to be entitled to receive COLA, I must be domiciled and physically present in the State of Alaska.

Further, I understand that a standard legal definition of domicile is: "That place where a person has his or her true, fixed, and permanent home and principal establishment, and to which whenever absent, he or she has the intention of returning."

I will notify the Division of Retirement and Benefits whenever I plan to leave Alaska for a continuous period that exceeds 90 days or when I have been out of Alaska for more than 90 days. I understand that if I am gone for 91 days or more, COLA will not be paid for the entire absence. I understand that I am required to repay any overpayments to the Division of Retirement and Benefits for COLA received during any ineligible periods.

I understand COLA will be effective the first of the month after this form is either hand delivered to the Division of Retirement and Benefits or mailed to the Division and postmarked within the state of Alaska per 2 AAC 36.210 or 2 AAC 35.240.

ALL FIELDS BELOW ARE REQUIRED.

NAME (LAST, MAIDEN, FIRST, MI)		HOME TELEPHONE NUMBER	
PHYSICAL ADDRESS			
CITY		STATE	ZIP+4
MAILING ADDRESS			
CITY		STATE	ZIP+4
NOTE: Pursuant to AS 39.35.670 (PERS) and AS 14.25.210 (TRS), it is a misdemeanor to knowingly or willfully make a false statement or permit retirement records to be falsified. Upon conviction, the misdemeanor is punishable by a fine, by imprisonment, or both and may lead to forfeiture of all rights to benefits from the system.			
SIGNATURE		SOCIAL SECURITY NUMBER OR RIN	DATE