

IU 18/20 Early Retirement Plan Application

Applicant: *Please complete this section **only** and return to:* University Human Resource Services
400 East Seventh Street, Poplars E165
Bloomington, IN 47405-3085.

Name: _____ Employee ID #: _____

Post-Retirement Mailing Address: _____

Post-Retirement Email Address: _____

Birth Date: _____ Retirement Date: _____

Present Position: _____ Dept.: _____ Campus: _____

I wish to enter into the IU 18/20 Early Retirement Plan as of the retirement date indicated above. I have received a copy of and understand the provisions of the IU 18/20 Retirement Plan. I understand that continued 403(b) contributions to the IU Retirement Plan are subject to Internal Revenue Code rules and regulations, and any "excess" contributions will be paid to me as "wages", subject to income and FICA taxes.

Signature

Date

Confirmation of Eligibility and Benefit Amount:

FOR UHRS USE ONLY

Date of Initial Full-time Appointment: _____ Age at Termination: _____

Date of Initial IU Contributions to the IU Retirement Plan: _____ Years of IU Contributions: _____

To Retirement: _____ Years _____ Months 10 12 Month Appointment

Less Absences (e.g. LWOP): _____ Years _____ Months

Total Creditable Service at Retirement: _____ Years _____ Months

Note any breaks in service: _____

Annualized Interim Benefit: \$ _____ Annualized Contribution to IU Retirement Plan \$ _____ *

Monthly Interim Benefit: \$ _____ Monthly Contributions to IU Retirement Plan \$ _____ *

Month/Year Benefits Begin: _____ Month/Year Benefits End: _____ **

* Subject to IRS limitations.
** Except benefit will end upon the participant's gainful employment or death, if earlier.

Signature

Retirement Plan Administrator

Date

Approval: Payment of Interim benefits and continued 403(b) Contributions indicated above is approved under the conditions of the IU 18/20 Early Retirement Plan.

Signature

Daniel U. Rives, Associate Vice President, University Human Resource Services

Date