

University of Missouri System – Notice of Intent to Retire

Please follow the instructions on the back of this page for submission. UM System Office of Human Resources will send an email confirming receipt of this form and required documents to the preferred email address listed. **If you are eligible to continue insurance as a retiree, the confirmation email will also include your insurance election forms. These forms must be completed and returned to the UM System Office of Human Resources prior to your actual retirement date.** If you provided at least 60 days' notice, pension election forms will be emailed, to the preferred email address listed below, in a separate email approximately one month prior to your retirement date.

| Section 1 – Personal Information | | |
|---|---|-------------------|
| Name (Last, First, Middle) | Empl ID#: | Date of Birth: |
| Location Where You Work: <input type="checkbox"/> MU/Extension <input type="checkbox"/> UM System <input type="checkbox"/> Hospital <input type="checkbox"/> Missouri S&T <input type="checkbox"/> UMKC <input type="checkbox"/> UMSL | | |
| Retirement Date (Must be the first day AFTER last day worked, plus vacation) | Work Telephone #: | Home Telephone #: |
| Preferred Email Address* | Name & Date of Birth of Spouse or Designated Joint Annuitant: | |
| <i>*Applicable insurance and pension election forms will be delivered to this preferred email address.</i> | | |
| Home Address After Retirement (Street, Apt #, City, State, Zip Code) | | |
| My Retirement Packet: <input type="checkbox"/> <u>should not</u> include a lump sum - OR - <input type="checkbox"/> <u>should</u> include a lump sum of ____% (available as 10%, 20%, or 30%) | | |
| Section 2 – Required Questions | | |
| I acknowledge I will be at least age 55 with at least 10 years of service, or at least age 60 with at least five years of service credit, at my retirement date. At least one year of service credit was achieved after age 54. <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| Do you think you may have prior periods of UM System employment of at least one year or more? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, dates of prior service: _____ | | |
| At any time during your employment with UM System did you participate under the Civil Service Retirement System, Federal Employee Retirement System, or Missouri State Employee Retirement System? <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| Section 3 – Rehire Retiree Rules | | |
| <i>I hereby elect to retire in accordance with the terms and conditions of the University of Missouri System Retirement, Disability & Death Benefit Plan or Employee Retirement Investment Plan ("the Plan") as stated in the Collected Rules & Regulations of the University of Missouri System. I acknowledge that I have estimated retirement benefits and accessed sufficient other information to make this decision to retire, and if applicable am relinquishing any rights to which I am entitled under the academic tenure regulations (Section 310.010 et. seq. of the University of Missouri System Collected Rules & Regulations).</i> | | |
| <i>I acknowledge that employees under age 62 at the time of separation from service and have had discussions regarding reemployment with the university or expect to be reemployed by the university are not considered to have terminated employment with the university for the purposes of the Plan and are not entitled to benefit payments that are contingent upon employment termination. No Plan participant has the right to receive or retain benefit payments from the Plan prior to the time the Plan permits distribution or benefit payments that exceed the amounts to which a participant is entitled (each an "impermissible payment"). Subject to applicable laws, the university makes every reasonable effort to recover an impermissible payment plus interest. Upon discovery, the university ceases all future pension benefit payments under the Plan, and will either collect a lump sum repayment from you or adjust future benefit payments to correct the impermissible payment. The university is required to take the aforementioned actions to protect the Plan and participants from any adverse tax consequences relating to impermissible payments from the Plan.</i> | | |
| <i>I understand that the UM System requires the following process for rehiring a former employee (i) who is less than age 62 and (ii) who is currently receiving retirement benefits, has received a lump sum distribution, or has elected to receive a retirement benefit. The rehire cannot be pursuant to a discussion, understanding, or agreement that occurs prior to separation from the university. There must be at least a 90-day break in employment before consideration for rehire unless the rehire is part of a competitive hiring process. Your signature is required on applicable benefit documents acknowledging the rehire requirements including this form and pension election forms. If a rehired employee is receiving benefits, then exceeding 74% FTE upon rehire will cause benefits to cease under the Plan provisions. (All active jobs will be considered for the 75% FTE limitation under the Plan purposes of suspending benefits.)</i> | | |
| BY SIGNING THE NOTICE OF INTENT TO RETIRE FORM, I ACKNOWLEDGE THAT I HAVE READ THE FOREGOING NOTICE AND CONSENT TO ANY CORRECTIVE ACTION TAKEN BY THE UNIVERSITY WITH RESPECT TO ANY IMPERMISSIBLE PAYMENT TO ME UNDER THE PLAN. | | |
| Employee Signature (printed and signed) | | Date Signed |

Section 4 – Departmental Signature

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|---|--------------|
| Signature of Department Chair, Dean, or Supervisor/Authorized Representative <p style="text-align: center;">(printed and signed)</p> | Date Signed |
| Department Contact Printed Name | Phone Number |

EMPLOYEE INSTRUCTIONS:

- Complete sections 1-3 and provide form to your department with at least 60 days' notice prior to your retirement date.
- Submit a copy of your certified recorded marriage certificate or most recent divorce decree, if applicable, to retirement@umsystem.edu or 1000 W Nifong Blvd. Building 7, Ste. 210, Columbia, MO 65211-8220.
- If, at the time of your retirement, you or any of your dependents will be Medicare-eligible and covered on a medical plan in retirement, we recommend you contact your local Social Security office to enroll in Medicare Part A and Part B approximately 60-90 days prior to your retirement date.*

**Enrollment in Medicare Part A and Part B is required to enroll in the Group Medicare Advantage plans sponsored by the University of Missouri.*

DEPARTMENT INSTRUCTIONS:

- Complete Section 4.
- Submit ePAF for 12 month appointment or PAF for 9 month appointment based on your campus HR's retirement processing procedures along with this form. Please contact your campus HR representative/CAPS Center if you have any questions.