



RETIREMENT SUPPLEMENTAL VOLUNTARY PROGRAM (RSVP)

ELECTION FORM

Do not sign until you have read and understand the RSVP Policy.

ELECTION TO PARTICIPATE IN THE RSVP

On the date that I received a copy of this Election Form, I also received a copy of the RSVP policy describing the basic terms, conditions, restrictions and effects of participating in the RSVP.

Employee Name _____ SSN _____
Last First MI

Supervisor Name _____ Department _____

I have read and understand the RSVP and the Election Form set forth and make the following election (check only one below).

I agree to participate in the Monetary Retirement Option.

My specified retirement date will be _____ which falls in the same fiscal year as my notice of intent to retire.

Signature _____ Date _____

I agree to participate in the Phased Retirement Option (three-year).

My phased retirement will start on _____.

My phased retirement will end on _____.

My specified retirement date will be _____.

Signature _____ Date _____

A Phased Retirement Option Agreement must be attached.

Faculty must also attach an Employee Status Change Form with the Phased Option Agreement.

I agree to participate in the Combined Monetary/Phased Retirement Option (two-year).

I agree to the two-year phase out with 1/3 monetary benefit.

I agree to the one-year phase out with 2/3 monetary benefit.

My phased retirement period will start on _____.

My phased retirement will end on _____.

My specified retirement date will be _____.

Signature _____ Date _____

Did you meet with the Benefits Office to discuss the RSVP? Yes No If yes, provide date of meeting _____

Complete, sign and return all your RSVP forms to the Benefits Office, c/o Human Resources