INDIANA UNIVERSITY

IU 18/20 RETIREMENT PLAN



APPLICATION & AGREEMENT

IMPORTANT INFORMATION—PLEASE READ BEFORE COMPLETING THIS FORM

Complete the first section only then return to IU Human Resources at the email or address listed below. Visit hr.iu.edu/benefits/1820/index.

ntml for plan documents and provisions. For questions contact us at ask	<u>(hr@iu.edu</u> or (812) 856-1234.		
APPLICANT COMPLETE THIS SECTION ONLY—PERSONAL INFORMATI	ION		
Name:	University 10-Digit ID:		
Present Position:	<u> </u>		
Department:	Campus:		
Post-Retirement Mailing Address:			
Post-Retirement Email:			
Date of Birth:	Retirement Date:		
	licated above. I have received a copy of and understand the provisions of the IU 18/20 nent Plan are subject to Internal Revenue Code rules and regulations, and any "excess"		
Applicant Signature:	Date:		
	y you must first save it to your device. , ATTN: 18/20 Retirement, 2709 E. 10th Street, Ste 321, Bloomington, IN 47408		
FOR HR USE ONLY Confirmation of Eligibility and Benefit Amount			
Date of initial full-time appointment:	Age at termination:		

FOR HR USE ONLY Confirmation of Eligibility and Benefit Amount					
Date of initial full-time appointment:		Age at termination:			
Date of initial IU contributions to the IU Retirement Plan:		Years of IU Contributions:			
Time to retirement:	Years:	Months:	Appointment:		
Less absences (e.g. LWOP):	Years:	Months:	10-month 12-month		
Total creditable service at retirement:	Years:	Months:			
Note any breaks in service:					
Annualized interim benefit: \$		Annualized contributions to IU Retirement Plan: \$		*	
Monthly interim benefit: \$		Monthly contributions to IU Retirement Plan: \$		*	
Month/Year benefits begin:		Month/year benefits end:		**	
Signature of Retirement Plan Administrator:		Date:			
FOR HR USE ONLY Approval					
Payment of interim benefits and continued 403(b) contributions indicated above is approved under the conditions of the IU 18/20 Retirement Plan.					
Signature of IU Human Resources Representative:		Date			