



**APPLICANT INFORMATION:**

Please complete this section **only** and return to IU Human Resources - ATTN: Replacement Retirement Plan, Poplars Building Room E165, 400 East Seventh Street, Bloomington, IN 47405-3085

Name: \_\_\_\_\_ 10-Digit University ID: \_\_\_\_\_

Present Position: \_\_\_\_\_ Dept.: \_\_\_\_\_ Campus: \_\_\_\_\_

Post-Retirement Mailing Address: \_\_\_\_\_

Post-Retirement Email Address: \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Retirement Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Plan Benefit Election:  Standard Retirement Benefit (Lifetime Payment)  Optional Retirement Benefit (5 Year Payment)

I wish to enter into the IU Replacement Retirement Plan as of the retirement date indicated above. I have received a copy of and understand the provisions of the IU Replacement Retirement Plan.

Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

**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: \_\_\_\_\_

To Retirement: \_\_\_\_\_ Years \_\_\_\_\_ Months \_\_\_\_\_ Month Appointment

Less Absences (e.g. LWOP): \_\_\_\_\_ Years \_\_\_\_\_ Months

Total Creditable Service at Retirement: \_\_\_\_\_ Years \_\_\_\_\_ Months

Note any breaks in service: \_\_\_\_\_

Annualized Plan Benefit: \$ \_\_\_\_\_

Monthly Plan Benefit: \$ \_\_\_\_\_

Month/Year Benefits Begin: \_\_\_\_\_ Month/Year Benefits End: \_\_\_\_\_ \*

\* Except benefit will end upon the participant's gainful employment or death, if earlier.

Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

*Retirement Plan Administrator*

**APPROVAL: Payment of Retirement benefits as indicated above is approved under the conditions of the IU Replacement Retirement Plan**

Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

*IU Human Resources*