

IU 18/20 RETIREMENT PLAN

APPLICATION & AGREEMENT FOR REPLACEMENT RETIREMENT PLAN

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.html for plan documents and provisions. For questions contact us at askhr@iu.edu or (812) 856-1234.

APPLICANT COMPLETE THIS SECTION ONLY—PERSONAL INFORMATION

Name:		University 10-Digit ID:	
Present Position:			
Department:		Campus:	
Post-Retirement Mailing Address:			
Post-Retirement Email:			
Date of Birth:		Retirement Date:	
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.			
Applicant Signature:			Date:

To sign and submit this form digitally you must first save it to your device.

This form can also be sent to askhr@iu.edu; or mailed to IU Human Resources, 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:	
Date of initial IU contributions to the IU Retirement Plan:			Years of IU Contributions:	
Time to retirement:	Years:	Months:	Appointment: <input type="checkbox"/> 10-month <input type="checkbox"/> 12-month	
Less absences (e.g. LWOP):	Years:	Months:		
Total creditable service at retirement:	Years:	Months:		
Note any breaks in service:				
Annualized contributions to IU Retirement Plan: \$			*	Month/Year benefits begin:
Monthly contributions to IU Retirement Plan: \$			*	Month/year benefits end: **
<i>Interim benefit not available to those employed after July 14, 1988. See IU Replacement Retirement Plan.</i> <i>* Subject to IRS limitations.</i> <i>** Except benefit will end upon the participant's gainful employment or death, if earlier.</i>				
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
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