

IU REPLACEMENT 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/replace_retirement.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:
Plan Benefit Election: <input type="checkbox"/> Standard Retirement Benefit (Lifetime Payment) <input type="checkbox"/> 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.	
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: Replacement Plan, 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 plan benefit: \$		Month/Year benefits begin:	
Monthly plan benefit: \$		Month/year benefits end: *	
Signature of Retirement Plan Administrator:			Date:
Approval			
Payment of benefits indicated above is approved under the conditions of the IU Replacement Retirement Plan.			
Signature of IU Human Resources Representative:			Date

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