

City of Tallahassee Retirement Notification

Name: _____ Emp ID: _____ *Retirement Date: _____

Work: _____ Home: _____ Cell: _____

Dept.: _____ Contact: _____ Phone: _____

Type		Pension Plan		*Retirement Date
<input type="checkbox"/>	Normal	<input type="checkbox"/>	General	Your retirement date is the day following your last day of employment. Remember, you will be going from a bi-weekly pay period as an active employee to a monthly pay period as a retiree. Your monthly pension benefit is paid at the end of each month.
<input type="checkbox"/>	Early	<input type="checkbox"/>	Police	
<input type="checkbox"/>	Vested	<input type="checkbox"/>	Fire	

Marital Status:	Are you legally married?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
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Spouse's Name: _____ DOB: _____ SSN: _____

Work Schedule:

M-F, 8-5 Other, please specify _____

Buyback Service:

Do you have service that you are eligible to purchase? Yes No

Prior City Service Out-of-City Service Wartime Military Non-Wartime Military

Have we calculated it for you? Yes No

Do you plan to purchase this service? Yes No Not sure

Personal & Sick Leave:

Payout *(There will be a 25% federal withholding.)*

Rollover into a tax deferred savings account

Not sure

Health Insurance/Benefits:

Eligible for Medicare? Yes No

Do you currently have City Health Insurance? Yes No

Health Insurance is the only benefit you can add outside of the open enrollment period

Do you plan to continue City Health Insurance or pick it up at retirement? Yes No Not sure

Empower Tax Deferred Savings Accounts – MAP 401(k), RSVP 457, Police/ Firefighters Supplemental Share Plan

You are not required to take distribution of any of these accounts. You may vest them with Empower Retirement until you reach age 70 ½ with no fees or penalties. Although you can no longer contribute to these accounts after you retire, you do retain investment control over them.

Employee Signature

Signature

Date

Retirement Representative Signature

By signature below, the Retirement Administration acknowledges eligibility for this employee's Retirement Notification as indicated above.

Signature

Date

Please give the Retirement Office at least a 30 day notice of your intent to retire. We will need a copy of your birth certificate and if applicable, copies of your marriage license and spouse's birth certificate.