



Code No. 403.8E1

Received in Superintendent's Office Date _____

UNITED COMMUNITY SCHOOL DISTRICT APPLICATION FOR VOUNTARY RETIREMENT BENEFITS 20__-20__

The undersigned employee is applying for early retirement pursuant to board policy 403.8, Voluntary Retirement.

Please complete the following information:

Name: (Full Legal Name) _____

Date: _____

Address: _____

Telephone(s): _____

Social Security Number: _____

Age as of June 30: _____ Date of Birth: _____

I am submitting my formal application for participation in the United Community School District's voluntary retirement plan, 20__-20__.

My resignation from my contract(s) with the United Community School District is attached and is made part of this application. It is my understanding that this application and the request for approval of resignation will be acted upon simultaneously by the Board of Directors.

I acknowledge that my application and participation in the retirement plan is entirely voluntary.

I also acknowledge that the District recommends I contact my personal legal and financial advisors regarding my retirement and participation in the Voluntary Retirement Plan.

Should the employee die prior to full payment of an early retirement benefit, the employee agrees that payment will be made to the employee's estate.

Voluntary Retirement Benefit Option (select 1) 30% Cash Incentive 35% 403b Plan Incentive

Employee Signature

Date

Witness Signature

Date