

University of Missouri System – Notice of Intent to Retire

Please follow the instructions on the second page for submission. UM System Office of Human Resources will send an email confirming receipt of this form and required documents to the preferred email address you provide below. **If you are eligible to continue insurance as a retiree, the confirmation email will also include your insurance election forms. These forms must be completed and returned to the UM System Office of Human Resources prior to your retirement date.** If you provided at least 60 days’ notice, pension election forms will be emailed, to the preferred email address you provide below, in a separate email approximately one month prior to your retirement date.

Section 1 – Personal Information

Name (Last, First, Middle)		Empl ID#:	Date of Birth:
Location Where You Work: <input type="checkbox"/> MU/Extension <input type="checkbox"/> UM System <input type="checkbox"/> Hospital <input type="checkbox"/> Missouri S&T <input type="checkbox"/> UMKC <input type="checkbox"/> UMSL		Marital Status at Retirement Date: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed	
Retirement Date:	Work Telephone #:	Home Telephone #:	
Preferred Email Address:*	Name & Date of Birth of Spouse or Designated Joint Annuitant:		

****Applicable insurance and pension election forms will be delivered to this preferred email address.***

Home Address After Retirement (Street, Apt #, City, State, Zip Code)

My Retirement Packet: should not include a lump sum - OR -
 should include a lump sum of ____% (available as 10%, 20%, or 30%)

Section 2 – Required Questions

I acknowledge I will be at least age 55 with at least 10 years of service, or at least age 60 with at least five years of service credit, at my retirement date. At least one year of service credit was achieved after age 54. **Yes** **No**

Do you think you may have prior periods of UM System employment of at least one year or more? **Yes** **No**
 If yes, dates of prior service: _____

At any time during your employment with UM System did you participate under the Civil Service Retirement System, Federal Employee Retirement System, or Missouri State Employee Retirement System? **Yes** **No**

Section 3 – Rehire Retiree Rules

I hereby elect to retire in accordance with the terms and conditions of the University of Missouri System Retirement, Disability & Death Benefit Plan or Employee Retirement Investment Plan (“the Plan”) as stated in the Collected Rules & Regulations of the University of Missouri System. I acknowledge that I have estimated retirement benefits and accessed sufficient other information to make this decision to retire, and if applicable am relinquishing any rights to which I am entitled under the academic tenure regulations (Section 310.010 et. seq. of the University of Missouri System Collected Rules & Regulations).

No Plan participant has the right to receive or retain benefit payments from the Plan prior to the time the Plan permits distribution or benefit payments that exceed the amounts to which a participant is entitled (each an “impermissible payment”). Subject to applicable laws, the university makes every reasonable effort to recover an impermissible payment plus interest. Upon discovery, the university ceases all future pension benefit payments under the Plan, and will either collect a lump sum repayment from you or adjust future benefit payments to correct the impermissible payment. The university is required to take the aforementioned actions to protect the Plan and participants from any adverse tax consequences relating to impermissible payments from the Plan.

BY SIGNING THE NOTICE OF INTENT TO RETIRE FORM, I ACKNOWLEDGE THAT I HAVE READ THE FOREGOING NOTICE AND CONSENT TO ANY CORRECTIVE ACTION TAKEN BY THE UNIVERSITY WITH RESPECT TO ANY IMPERMISSIBLE PAYMENT TO ME UNDER THE PLAN.

Employee Signature

Date Signed

Section 4 – Campus Signatures

Signature of Campus Human Resource Generalist

Date Signed

EMPLOYEE INSTRUCTIONS:

1. Schedule time to meet with your supervisor to review and discuss your retirement plan.
2. Approximately 60-90 days prior to your planned retirement date, complete sections 1-3 and contact your campus [HR Generalist](#)* for a one-on-one appointment to initiate retirement and obtain [HR Generalist](#) signature in Section 4.
 - Submit a copy of your certified recorded marriage certificate or most recent divorce decree, if applicable, during your one-on-one appointment or send to retirement@umsystem.edu or 1105 Carrie Francke Dr., Ste. 108, Columbia, MO 65211.
 - [HR Generalist](#) will forward this form with your retirement plan to your supervisor.
3. If, at the time of your retirement, you or any of your dependents will be Medicare-eligible and covered on a medical plan in retirement, we recommend you contact your local Social Security office to enroll in Medicare Part A and Part B approximately 60-90 days prior to your retirement date.**
4. For information pertaining to rehire of retirees see <https://umurl.us/rehire>.

**View campus HR Generalist contact information on the UM System Office of Human Resources webpage: umurl.us/cbr*

***Enrollment in Medicare Part A and Part B is required to enroll in the Group Medicare Advantage plans sponsored by the University of Missouri.*

DEPARTMENT INSTRUCTIONS:

- Meet with employee to review and discuss their retirement plan.
 - Contact your campus [HR Generalist](#)* for any questions or assistance during the retirement process.
- *View campus HR Generalist contact information on the UM System Office of Human Resources webpage: umurl.us/cbr*