

IU 18/20 Early Retirement Plan Application

Applicant: Please complete this section *only* and return to: University Human Resource Services
400 East Seventh Street, Poplars E165
Bloomington, IN 47405-3085.

Name: _____ Employee ID #: _____

Post-Retirement Email Address: _____

Birth Date: _____ Termination Date: _____ Age at Termination: _____

Present Position: _____ Dept.: _____ Campus: _____

Post-Retirement Address: _____

I wish to enter the 18/20 Plan on the termination date indicated above. I have received a copy of the provisions of the 18/20 Plan. I understand that continued 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.

Signature

Date

Confirmation of Eligibility and Benefit Amount:

1. Birth Date: _____ Age at Termination: _____ 10 / 12 Month Appointment

2. Date of Initial IU Contributions to the IU Retirement Plan: _____ Years of IU Contributions: _____

3. Date of Initial Full-time Appointment: _____ To Retirement: _____ Years _____ Months
Less Absences (e.g. LWOP): _____ Years _____ Months
Total Creditable Service at Retirement: _____ Years _____ Months
Note any breaks in service: _____

Annualized Interim Benefit: \$ _____ Annualized Contribution to IU Retirement Plan \$ _____ *

Monthly Interim Benefit: \$ _____ Monthly Contributions to IU Retirement Plan \$ _____ *

Month/Year Benefits Begin: _____ Month/Year Benefits End: _____ **

Comments:

* Subject to IRS limitations.

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

Signature and Title

Date

Approval: Payment of Interim benefits and continued 403(b) Contributions indicated above is approved under condition of the 18/20 Early Retirement Plan.

Signature

Date

Daniel U. Rives, Associate Vice President, University Human Resource Services