

IU Replacement 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 Mailing Address: _____

Post-Retirement Email Address: _____

Birth Date: _____ Retirement Date: _____

Present Position: _____ Dept.: _____ Campus: _____

Plan Benefit Election: Standard Retirement Benefit (Lifetime Payment)

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.

Signature

Date

Confirmation of Eligibility and Benefit Amount:

FOR UHRS USE ONLY

Date of Initial Full-time Appointment: _____ Age at Termination: _____

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

To Retirement: _____ Years _____ Months 10 12 Month Appointment

Less Absences (e.g. LWOP): _____ Years _____ Months

Total Creditable Service at Retirement: _____ Years _____ Months

Note any breaks in service: _____

Annualized Plan Benefit: \$ _____

Monthly Plan Benefit: \$ _____

Month/Year Benefits Begin: _____

Month/Year Benefits End: _____ **

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

Signature
Retirement Plan Administrator

Date

Approval: Payment of Retirement benefits as indicated above is approved under the conditions of the IU Replacement Retirement Plan.

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

Date