

NOTICE OF INTENT TO RETIRE ACKNOWLEDGEMENT FORM

This notice serves to confirm that I _____, intend to retire from my position in the Research Foundation of the City University of New York (RF) on _____.

I acknowledge that I have received a retirement orientation with an RF Human Resources Representative _____. I confirm that the following topics were discussed in full to my understanding and satisfaction.

- Eligibility to receive retiree benefits (RF Policy 508-J)
- Explanation and review of my accrual balances and years of service
- Explanation of pay rate used to calculate accrual payments
- Explanation of the one-time retirement payout – options of years of service or sick leave balance calculations
- Explanation of retiree health insurance coverage and Medicare Part B reimbursement benefit (under the Retiree HRA Plan)¹
- Explanation of optional life insurance conversion
- Instructions to contact TIAA, and when applicable, Social Security for Medicare enrollment
- Post-retirement procedures for health insurance changes and submitting necessary documentation of Medicare enrollment and the Medicare Part B reimbursement benefit²
- Explanation of rehire option after 6 months break in service post-retirement

I understand that by signing this document I agree to the terms and conditions set forth in the RF Policy 508-J. Should I have any questions or concerns, I will contact RF's Human Resources Department.

Signature

Employee ID

Date

Email

¹ Your reimbursement will be an amount equal to a percentage of the standard monthly Medicare Part B premium payments made by you, less any amount you are required to pay toward your RF retiree health insurance premium.

² Reimbursement is not automatic. The benefit requires you to (a) provide the RF with a copy of your Medicare enrollment Card, (b) request reimbursement every year, (c) choose either a lump sum annual reimbursement payment or two semi-annual reimbursement payments, and (d) provide the RF with timely proof of Medicare Part B premium payments based upon the payment method selected.