



RETIRE FROM FULL-TIME REEMPLOYMENT

MEMBER'S INFORMATION

First Name:	Middle Initial:	Last Name:	Last 4 Digits of SSN:
Mailing Address:			Date of Birth:
City:	State:	Zip Code:	
Phone Number:	Email Address:		

EMPLOYER CERTIFICATION

Name of Employer:
Date of Termination: _____
Date of Retirement is the 1st day of the month following termination or date of eligibility

Must attach direct deposit form, blank/voided check, W4-P, and Retiree Insurance Premium Deduction Form (if required by employer).

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Signature of Member

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Date of Signature

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Signature of Clerk or Designated Authority

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Date of Signature

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