GROWMARK

NOTICE OF INTENT TO RETIRE

RETIREE INSTRUCTIONS: GROWMARK System employees intending to retire are responsible for completing this form and returning it to Human Resources at least 60 days prior to the intended retirement date to ensure timely notification, set-up, payment of retirement benefits and appropriate staffing planning. PLEASE PRINT CLEARLY.

Work Information

Name *(Last, First, Middle)*	
Job Title	**Company**
Work Telephone #	**Work E-mail**

Personal Information

Date of Birth	**Social Security Number**	**Medicare eligible due to disability? Yes / No**
Home Address *(Street, Apt#, City, State, Zip Code)*		
Home Telephone #	**Cell Phone #**	
Personal Email Address After Retirement		
Spouse's Name *(Last, First, Middle)*		
Spouse's Date of Birth	**Spouse's Social Security Number**	**Medicare eligible due to disability? Yes / No**

Retirement Declaration

I hereby provide notice of my intent to retire effective _____ *(must be last day worked).*

Signature	**Date Signed**

Supervisor Acknowledgement

Acknowledged By:

Supervisor Signature	**Date Received**

Initiation of Pension Benefit Retirement Kit

Employees electing to retire from employment who are eligible for a GROWMARK System pension benefit are required to notify the GROWMARK System Pension Center no earlier than 60 days prior to retirement of their intent to retire and commence pension benefits. Failure to notify the GROWMARK System Pension Center in a timely manner may result in a delay of pension benefits. The first pension benefit payment will be made as soon as administratively possible but could be delayed due to verification of final hours and last day worked.

I understand that I am responsible for contacting the GROWMARK System Pension Center at ***1-844-382-1691*** *to initiate my pension benefit retirement kit.* ***Initials:***_____

To be completed by Employer – Confirmation of Service	
Original System Date of Hire:	**Total System Years of Employment:**