Cleveland Metropolitan School District Talent Department

NOTICE OF RETIREMENT (District 1199)

Please Print					
Name:		Employee ID:	Employee ID:		
First	MI	Last			
Job Title:		School/ Departm	ent:		
Home Address		City	State	Zip Code	
()					
Home Telephone Number	Emplo	oyee Signature		Date	
I hereby submit notice	of my intention	to retire effective the firs	st day of:		
Nonth:		Year:			
Employees with <i>ten (10</i> for severance pay benef	, ,	of service with the Clevela	and Metropolitan School [District may be eligible	
Thirty percent (30%) pai	d in one payment	- \$30,000 maximum			

(Payment is based on unused accumulated sick leave credit as of retirement effective date)

The severance pay will be payable in a lump sum cash payment no later than ninety (90) days of the effective date of retirement. However, the employee may elect to have all or a portion of the severance pay deferred into a tax sheltered annuity. Employees electing this option should check the box below.

I elect to have all or a portion of my severance pay deferred into a tax sheltered annuity. The Tax Sheltered Annuity that will be used is available through American International Group, Inc. (AIG). Employees shall be required to complete AIG enrollment forms. Employees must contact Bob Hyneman, AIG representative, at (216) 643-6340 who will discuss the plan, answer all of your inquiries and assist you with completing enrollment forms. No payment of severance pay shall be made until the enrollment forms are submitted to AIG.

IMPORTANT NOTICE: If you have not already submitted your Service Retirement Application to the School Employees Retirement System (SERS), please do so at once. Retirement benefits cannot begin until an application has been received by the SERS at 300 East Broad Street, Suite 100, Columbus, Ohio 43215. If you have any questions or would like to receive the application and estimate of benefits, please contact the SERS at (866) 280-7377.

Life Insurance Information: Upon leaving your employment or otherwise becoming ineligible for group insurance, you are eligible to convert your Group Life Insurance coverage to an individual non-participating Met Life Insurance policy. *This information will automatically be sent to your home address. Contact Met Life Customer Service at 1 (877-275-6387) if you have any questions about the conversion of your policy.*

** THIS FORM MUST BE UPLOADED IN WORKDAY**