Cleveland Metropolitan School District – Human Resources Department

**** UP LOAD THIS FORM IN WORKDAY****

NOTICE OF RETIREMENT

(District 1199, 436)

Name: _____ Employee ID # :_____

First MI Last

Job Title: _____ School/ Department:_____

_____

Home Address City State Zip Code

(_____)_____ _____ _____

Home Telephone Number Employee Signature Date

I hereby submit notice of my intention to retire effective the first of:

Month:_____ **Year:**_____

Employees with ***ten (10)*** or more years of service with the Cleveland Municipal School District may be eligible for severance pay benefits as follows:

Thirty percent (30%) paid in one payment - $30,000 maximum
(**Payment is based on unused accumulated sick leave credit as of retirement effective date)**

Annuity – 403(b): The severance pay will be payable in a lump sum cash payment no later than 2½ months after 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.

❑ *I elect to have a portion of my severance pay placed into a tax-deferred annuity. I will submit an "Authorization to Purchase Annuity Contract" card (commonly called a salary reduction card) advising the dollar amount that I wish to defer. The annuity company must have a "payroll slot' with the district and be on the district's listing of 403(b) companies. The Authorization to Purchase Annuity Contract card can be obtained through your local annuity agent.*

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 the Met Life Customer service at 1 (877-275-6387) if you have any questions about the conversion of your policy***