



SERVICE CREDIT FOR HEALTH INSURANCE IN RETIREMENT REQUEST AND APPLICATION FORM (GU, MX, FMA, PMA)

Name:	Employee Contact Number:
Department:	Position:

Per the articles regarding Health Insurance for Retirees in the General Unit, Management Unit, Fire Management Unit, and Police Management Unit Memoranda of Understanding (MOU):

Service Credit for Health Insurance For Retirees in Tier I

Employees in Tier 1 shall be eligible for two years of service credit for the purpose of being eligible for retiree health insurance (e.g., an employee with 18 years of continuous service will be eligible for the benefits available to those with 20 years of continuous service) if in the month of June the employee makes an irrevocable offer to retire (which will be immediately accepted by the City) by no earlier than ninety (90) days from the date of notice or later than December 31 of that same calendar year.

I wish to take advantage of the benefit provided by the MOU Article concerning Service Credit for Health Insurance For Retirees in Tier I. By my signature below, I make this irrevocable offer to retire effective:

Month:	Day:	Year:
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The date filled in above must be no earlier than ninety (90) days from the date of my signature below (dated in the month of June) or no later than December 31 of this same calendar year.

I acknowledge that upon my presentation of this form to the City's Human Resources Department, the City shall immediately accept my irrevocable offer to retire effective on the date above.

Employee Signature

June

Date

HR Use Only: <input type="checkbox"/> PA <input type="checkbox"/> Unit <input type="checkbox"/> Department	Date Received (must be in the month of June):
Retirement Date:	Verified 90 Days: