

# MichiganTech

## RETIREMENT SUPPLEMENTAL VOLUNTARY PROGRAM (RSVP)

### ELECTION FORM

Do not sign until you have read and understand the RSVP Policy.

#### ELECTION TO PARTICIPATE IN THE RSVP

On the date that I received a copy of this Election Form, I also received a copy of the RSVP describing the basic terms, conditions, restrictions and effects of participating in the RSVP.

Employee Name: \_\_\_\_\_ SSN: \_\_\_\_\_  
Last First MI

Supervisor Name \_\_\_\_\_ Department \_\_\_\_\_

I have read and understand the RSVP and the Election Form set forth and make the following election (check only one below).

I agree to participate in the Monetary Retirement Option.

My specified retirement date will be \_\_\_\_\_ which is at least 365 days from the date of notification.

Signature \_\_\_\_\_ Date \_\_\_\_\_

I agree to participate in the Phased Retirement Option.

My phased retirement will start on \_\_\_\_\_, which is at least 365 days from the date of notification.

My phased retirement will end on \_\_\_\_\_.

My specified retirement date will be \_\_\_\_\_.

Signature \_\_\_\_\_ Date \_\_\_\_\_

A Phased Retirement Option Agreement must be attached.

Faculty must also attach a Form D with the Phased Option Agreement.

I agree to participate in the Combined Monetary/Phased Retirement Option.

I agree to the two-year phase out with 1/3 monetary benefit.

I agree to the one-year phase out with 2/3 monetary benefit.

My phased retirement period will start on \_\_\_\_\_, which is at least 365 days from the date of notification. My phased retirement will end on \_\_\_\_\_.

My specified retirement date will be \_\_\_\_\_.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Did you meet with the Benefits Office to discuss the RSVP?  Yes  No If yes, provide date of meeting \_\_\_\_\_

**Complete, sign and return all your RSVP forms to the Benefits Office, c/o Human Resources, no later than 365 days before the beginning of your RSVP.**