



NOTICE TO EMPLOYER OF INTENT TO PARTICIPATE IN RETIREMENT INCENTIVE PLAN UNDER SECTION 3307.54, REVISED CODE

Employee Portion

TO: _____
Employer

I, _____ (Social Security number _____)
Employee's name

hereby request service credit be purchased for me under the Retirement Incentive Plan adopted in accordance with Section 3307.54, Revised Code. I will have attained age 50 by my retirement date or the termination date of the plan, whichever is earlier. I understand that I must retire within the plan dates or no later than 90 days after the plan end date, or I will forfeit the right to such credit.

My anticipated effective date of retirement is _____ 1st, _____.
Month Year

I understand that I must submit to the State Teachers Retirement System of Ohio a completed *Service Retirement Application* as soon as I am able to finalize my retirement plans. (STRS Ohio suggests that the retirement application be filed at least three months before retirement.)

TO: STATE TEACHERS RETIREMENT SYSTEM OF OHIO

I authorize release of necessary information by STRS Ohio to my employer in connection with the Retirement Incentive Plan.

I further understand that if I retire Sept. 1, 1996, or later with the use of retirement incentive credit and I enroll in an STRS Ohio health care plan, I will pay the full premium for health care insurance until I attain retirement eligibility without the retirement incentive credit. This premium can be as high as \$1,002 per month for myself or \$2,004 per month for myself and my spouse for calendar year 2011.

Example: If a 52-year-old member with 29.00 years of service credit retires under a one-year Retirement Incentive Plan, the member will pay the full premium for health insurance until age 55. Age 55 is when first retirement eligibility would have been met with 29.00 years of service credit.

Employee's signature _____ Date _____

E-mail address _____

EMPLOYEE AND EMPLOYER: If this form is received early, STRS Ohio will formally accept it within the required 90-day period preceding the anticipated retirement date. In all cases, this form should be completed and sent to us as soon as possible and **MUST BE RECEIVED BEFORE THE ANTICIPATED RETIREMENT DATE. RETIREMENT DATES IN BOTH EMPLOYEE AND EMPLOYER SECTIONS MUST AGREE.**
(Note: Changing the anticipated retirement date will require refileing this form with the employer and may delay the receipt of retirement benefits.)

Employer Portion

TO: STATE TEACHERS RETIREMENT SYSTEM OF OHIO

We agree to purchase _____ years of service credit for the above-named employee and agree with the anticipated retirement date of _____ 1st, _____.
Month Year

Treasurer's or fiscal officer's signature _____ Date _____

Employer _____ County _____

Address _____ Phone (_____) _____
Area code

