

Retirement Incentive Plans
Faculty, Executive/Administrative/Professional and Support Staff
Effective March 1, 2010

Name	Department
Identification Number (991)	Requested Retirement Date

This form must be submitted to Staff Benefits in order to participate in the Retirement Incentive Plans

Requested Retirement Option:

1. **Transitional Retirement Incentive Plan**
2. **closed 125 percent plan to be retired no later than 6/30/2010**
closed 115 percent plan to be retired no later than 12/31/2010
closed 100 percent plan to be retired no later than 6/30/2011
3. _____ **Retirement Severance Plan for -- 60% incentive**
Employees with 15 years of service on 12/31/2010
4. _____ **Retirement Severance Plan for -- 40% incentive**
Employees with Less Than 15 years of service on 12/31/2010
5. _____ **Retirement Severance Plan for Employees hired on or after March 1, 2010**
25% incentive

IRREVOCABLE ELECTION FOR PHASED RETIREMENT/SEPARATION

I hereby voluntarily elect to retire/resign from Indiana State University ("ISU") and wish to take advantage the retirement/severance package selected above.

I understand that my retirement/resignation becomes irrevocable as of the date of signature indicated below.

I understand that if I held a tenured position with ISU, this election dissolves any tenure relationship between ISU and me, as of the date of retirement indicated above.

I understand that I may consult with the ISU Staff Benefits Office before finalizing this decision. Additionally, consultation with a financial planner and/or tax advisor is very important. I understand that I am strongly advised to consult with the appropriate retirement plan representative and Social Security Administration prior to making this election.

I have read and understand the above statements and wish to make this irrevocable election to retire/resign.

Signature of Employee	Date
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This form is to be completed, signed and dated in ink and returned to Staff Benefits, 300 Rankin Hall.