

To be signed by an employee who presents retirement distribution forms to the UAMS Office of Human Resources for approval and signature, and who has been separated from UAMS employment for less than 32 calendar days.

PRINT YOUR NAME: _____
(and sign below)

SOCIAL SECURITY NUMBER (or SAP #): _____

I have presented TIAA-CREF and/or Fidelity forms to the UAMS Office of Human Resources for signature. I am requesting that I receive a distribution from my retirement plan.

I understand that by requesting that UAMS's retirement contributions (all or partial) be paid to me, that I cannot return to UAMS employment for at least 31 calendar days. This is in accordance with UAMS and State policy that returning to work within 31 days is a "reinstatement" and not a true separation of employment.

If I return to UAMS employment after 31 calendar days, I understand:

- that my sick leave balance will not be restored (unless the reason for my separation of employment was due to budgetary reasons or curtailment of work activity); and
- that my break in service will affect my eligibility for retiree insurance benefits. [In order to be eligible for retiree insurance benefits, an employee must have 10 years consecutive years of covered service, and their age and years of service must equal at least 70.]; and
- that I must attend New Employee Orientation and re-enroll in the benefit plans; and
- that my hire date and merit increase eligibility dates will be adjusted to reflect my break in service.

I also understand that UAMS remits retirement contributions once a month. Therefore the contributions from my last paycheck may not yet be in my TIAA-CREF and/or Fidelity account. If I am cashing out my plan now, I may not be receiving all contributions and may have to re-do the paperwork.

SIGNATURE: _____ DATE: _____

UAMS OHR WITNESS: _____

cc: Department, OHR employee file