



2011 Special Retirement Incentive Program Election Form

Employee Name: _____

Banner ID: _____

Retirement Incentive Benefits

Eligible Incentive Payment

Equal to 6, 8 or 10 months of annual salary as of the date of retirement. Annual salary is defined as the permanent salary including all attachments that have been in place for at least one year as of June 1, 2011. Attachments in place for less than one year as of June 1, 2011 and any additional service assignment(s) are excluded. Please make your elections below:

Incentive Payment Allocation Elections

Lump Sum Payment One-time lump sum taxable payment without retirement plan contribution. Allocations must total 100% and can be split between the following:

Taxable Lump Sum Allocation % (Must be in 10% Increments) _____

Tax Favored HRA Allocation % (Must be in 10% Increments) _____

OR

Incentive Continuation – Taxable payments continuing for 12, 16 or 20 months based on your incentive eligibility amount.

Beneficiary must be designated below if you elect the Incentive Continuation

Name: _____ SSN: _____ DOB: _____

Subsidized Medical Insurance

Medical Coverage Election

I elect to continue my WSU medical insurance

_____ YES

_____ NO

Employee Signature

Date

This completed attachment must be returned to Total Compensation and Wellness, 5700 Cass Avenue, Suite 3638, Detroit MI 48202 by your retirement effective date.