

# City of Tallahassee Retirement Notification

Name \_\_\_\_\_ Emp ID: \_\_\_\_\_ \* Retirement Date: \_\_\_\_\_

Work: \_\_\_\_\_ Home: \_\_\_\_\_ Cell: \_\_\_\_\_

Dept.: \_\_\_\_\_ Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Type	Pension Plan	* Retirement Date
<input type="checkbox"/> Normal	<input type="checkbox"/> General	Your retirement date is the day following your last day of employment. Remember, you will be going from a bi-weekly pay period as an active employee to a monthly pay period as a retiree. Your monthly retirement check is paid at the end of each month.
<input type="checkbox"/> Early	<input type="checkbox"/> Police	
<input type="checkbox"/> Vested	<input type="checkbox"/> Fire	

**Marital Status** Are you legally married?  Yes  No

Spouse's name: \_\_\_\_\_ DOB: \_\_\_\_\_ SSN: \_\_\_\_\_

**Work Schedule**

M-F, 8-5  Other, please specify \_\_\_\_\_

**Buyback Service**

Do you have service that you are eligible to purchase?  Yes  No

Prior City Service  Out-of-City Service  Wartime Military  Non-Wartime Military

Have we calculated it for you yet?  Yes  No

Do you want to purchase this service?  Yes  No  Not sure

**Sick and Annual Leave**

Payout to be included with last paycheck (*Payroll will automatically withhold 25% taxes*)

Rollover into a tax deferred savings account

Not sure

**Health Insurance/Benefits**

Eligible for Medicare?  Yes  No

Do you currently have City Health Insurance?  Yes  No

Health Insurance is the only benefit you can add outside of the open enrollment period

Do you plan to continue your City Health Insurance or pick it up at retirement?  Yes  No  Not sure

**Prudential Tax Deferred Savings Accounts**-MAP 401(k), RSVP 457, and for Police Officers and Firefighters, Supplemental Share Plan

You are not required to take distribution of any of these accounts. You may vest them with Prudential until you reach age 70 <sup>1/2</sup> with no fees or penalties. Although you can no longer contribute to these accounts after you retire, you do retain investment control over them.

**Employee Signature**

_____	_____
Signature	Date

**Department Representative Signature** (supervisor, benefit coordinator or department director)

By signature below, the department acknowledges this employee's Retirement Notification as indicated above.

_____	_____
Signature	Date

Please give the Retirement Office at least 30 days notice of your intent to retire. We will need a copy of your birth certificate and if applicable, copies of your marriage license and spouse's birth certificate.

# City of Tallahassee Retirement Information

## Things to do before you retire:

1. Notify the Retirement office at least 30 days prior to your last day of employment
2. Obtain a copy of your birth certificate, and if applicable, copies of your marriage license and your spouses birth certificate.
3. Verify that your leave balances are correct
4. Make arrangements with your department to turn in all of your City property
5. Once we have received your notification of retirement we will call you to schedule an appointment to come in and sign all of your retirement paperwork. If you are married we encourage you to bring your spouse.

## Buyback Service

If you have any service that you are eligible to purchase, you will need to decide if you want to purchase it, and if you want to rollover money from one of your tax deferred savings accounts to purchase it. This must be done before you retire.

## Pension Payment Option

Do you want to provide an ongoing monthly benefit to your spouse or other beneficiary? This is an irrevocable decision, so make sure you and your family fully understand all of your options.

## Health Insurance

Do you currently have it? If so, are you going to keep it? If not, are you going to enroll at retirement?

Health insurance is the only benefit that you can enroll in outside of the open enrollment period.

If you opt out of the City's health insurance plan at retirement, you lose your eligibility to ever participate.

This is an irrevocable decision, so make sure you and your family are adequately covered before you opt out.

If you are 65 or older (or within a few months of turning 65) please contact us directly for more information on Medicare eligibility and how it can affect your monthly health insurance premiums.

## Other Benefits

### Benefits that can be continued:

- Dental
- Vision
- Life Insurance
- Cancer
- Pre-Paid Legal
- Long Term Care

### Benefits that cannot be continued:

- Disability
- AD&D
- Family Care spending accounts
- Health Care spending accounts

### Which benefits do you want to continue?

Remember, if you are not enrolled in one of these benefits when you retire, you cannot enroll in them at retirement. The only time you can enroll in any of these benefit programs is during open enrollment.

## Sick/Annual Leave payout

What tax rate would you like payroll to withhold from your pension check? Just like your salary as an active employee, you will choose the amount of taxes to be withheld from your monthly pension check.

## Prudential Accounts

These include your MAP 401(k), your RSVP 457 and, if you are a Police Officer or Firefighter, your 175/185 Supplemental Share Plan accounts. You will need to choose a method of payment, your tax rate, and your direct deposit preferences. Please keep in mind any outstanding loans must be satisfied before you begin a payment schedule.

If you have questions or additional information, please feel free to contact the Retirement Office.

City of Tallahassee  
Pension Administration  
300 S. Adams Street  
Tallahassee, FL 32301  
850-891-8322

