

**HAWKINS COUNTY SCHOOL SYSTEM
APPLICATION FOR EARLY RETIREMENT INCENTIVE PROGRAM**

I, _____, birthdate _____, do hereby make application for retirement payments to which I may be entitled.

My effective date of retirement is: _____.

I will be _____ years of age on this date.

I will have completed _____ years of service as recognized by the Tennessee Consolidated Retirement System, _____ years of which were completed as a certificated employee of the Hawkins County Board of Education.

For the past contract year, my total compensation was \$_____.

METHOD OF PAYMENT: I choose to receive Early Retirement Incentive payment as follows:

- _____ Ten (10) equal monthly installments
- _____ Eleven (11) equal monthly installments
- _____ Twelve (12) equal monthly installments

I understand that I will receive my first Early Retirement Incentive Program payment on _____.

INSURANCES: (Check appropriate blanks)

_____ I am eligible for Board-paid insurances (as applicable in the Hawkins County Health Insurance Program) per contract provisions.

_____ I am eligible to continue the AllState Dental Insurance (if previously enrolled) per policy guidelines and contract provisions. The State of Tennessee does not offer dental insurance options to retirees.

_____ I understand that I may rescind this application to participate in the Early Retirement Incentive Program at any time prior to the effective date of my retirement.

THIS APPLICATION HAS BEEN APPROVED AND WILL BE PROCESSED BY THE BOARD OF EDUCATION UPON YOUR **RETIREMENT**. RETURN THE COMPLETED ORIGINAL FORMS (application & survivorship) TO THE PERSONNEL OFFICE, 200 NORTH DEPOT STREET, ROGERSVILLE, TN 37857.

Applicant

Date

Personnel Director

**HAWKINS COUNTY SCHOOL SYSTEM
AGREEMENT FOR EARLY RETIREMENT INCENTIVE PROGRAM**

WHEREAS, _____ is a certificated employee of the Hawkins County Board of Education, and

WHEREAS, said employee is eligible for retirement under the Tennessee Consolidated Retirement System and has been employed in the Hawkins County School System for a period of not less than ten (10) years, and

WHEREAS, said employee has properly made application for participation in the Early Retirement Incentive Program, and

WHEREAS, the Hawkins County Board of Education approved said employee's application on _____, and

THEREFORE, on the basis of mutual consideration contained herein, the parties agree as follows:

1. The Early Retirement Incentive Payment is in the amount of: \$ _____
2. The total annual payment is: \$ _____
3. Total of each monthly payment is: \$ _____
4. Total number of monthly payments (10, 11, or 12): _____
5. The first monthly payment shall be on: _____, 2010
6. The employee is eligible for the following:
 - a) The Board agrees to continue to pay premium(s) according to the current contract, for Group Medical Insurance. (Individual or Family) _____
 - b) The Board agrees to continue to pay the premium for the employee's Life Insurance, per current contract agreement. _____
 - c) The Board agrees to allow payroll deductions for other insurance premiums, per contract provisions. _____

UPON THE DEATH OF THE AFOREMENTIONED PARTY, SURVIVOR BENEFITS SHALL CONTINUE TO BE PAID TO THE DESIGNATED BENEFICIARY NAMED ON THE SURVIVORSHIP DESIGNATION FORM PER THE EARLY RETIREMENT INCENTIVE PROGRAM POLICY.

In witness whereof the parties have caused this document to be Executed on the _____ day of _____, 20____.

Employee

Date

