



Post-Retirement Reemployment Form

- INSTRUCTIONS:**
1. Use this notice to notify URS about your post-retirement reemployment and your election regarding your benefit as required by Utah law.
 2. Complete Section A and either Section B or C and return to URS.
 3. Complete Section B if reemployment is **less than** one year from your retirement date.
 4. Complete Section C if reemployment is **more than** one year from your retirement date.
 5. Type or print clearly in black or blue ink.

SECTION A » MEMBER INFORMATION	
Name (First, Middle, Last)	Social Security Number
Name of Employer	Reemployment Date

SECTION B » COMPLETE SECTION B IF REEMPLOYED WITHIN ONE YEAR OF YOUR RETIREMENT DATE WITH URS	
Please check the applicable box below:	
<input type="checkbox"/> I am reemployed with a URS participating employer within 60 days of my retirement date. I understand that under Utah law my retirement benefit will be canceled.	
<input type="checkbox"/> I am reemployed with a URS participating employer 60 days after, but within one year of my retirement date. I understand under Utah law:	
<ul style="list-style-type: none"> » I am subject to an earnings' restriction of \$18,000 per year or one-half of my final average salary whichever is less; » I cannot receive any employer provided benefits. If I exceed the earnings' limitation or receive benefits, my retirement benefit will be canceled. 	
Note: Because you are reemployed within one year of your retirement date, the one-year separation period restarts on the termination date of your reemployment.	
Member's Signature	Date

SECTION C » COMPLETE SECTION C IF REEMPLOYED AFTER ONE YEAR FROM YOUR RETIREMENT DATE WITH URS	
I am reemployed with a URS participating employer <u>after one year</u> from my retirement date. I understand under Utah law, I may elect to either continue to receive my retirement benefit and forfeit any retirement related contributions or cancel my retirement benefit to earn additional service credit, if eligible for service credit accrual. Please check one of the following boxes:	
<input type="checkbox"/> I elect to continue to receive my retirement benefit and forfeit any retirement-related contribution.	
<input type="checkbox"/> I elect to cancel my retirement benefit to earn additional service credit, if eligible for service credit accrual. I understand I must be reemployed for at least two years before a separate benefit will be calculated based upon the new service and salary. My original retirement benefit and the new retirement benefit will be combined and paid after my second retirement.	

SECTION D » SIGNATURE	
By signing and submitting this form I certify and acknowledge the following:	
<ul style="list-style-type: none"> » I have read and understand the information contained in this Notice; » The information provided on this form is true, correct, and complete to the best of my knowledge; » I hereby authorize representatives of URS to verify any or all the information submitted with third parties; » If applicable, I understand my monthly retirement benefit will be subject to my election above in Section C and according the provisions of Utah Code Ann. Title 49; » The information provided in this form is intended for information purposes only and does not and is not intended to constitute legal or tax advice from URS. Accordingly, you should consult with your own legal counsel or tax advisor to determine how laws or decisions discussed herein and their consequences apply to your specific circumstances; and » I hereby acknowledge and agree that any false or misleading information submitted on this form and violations of the restrictions regarding post-retirement reemployment may subject me to penalties and personal liability and that URS may exercise its rights against me. 	
Member's Signature	Date

Other Notes for this form:

Participating Employer / Agency:

A participating employer is any entity that participates in a system or plan administered by URS. These include: any department, division, agency, office, authority, commission, board, institution, or hospital of the State; any county, city, municipality, town, local government, local district, or special service district; a state college or university, school district, charter school; or any other participating employer. For a complete list of participating employers, see the latest URS Annual Comprehensive Financial Report (ACFR) at www.urs.org.

Separation Requirement:

You must have a bona fide termination with all participating employers for **one year** from your retirement date to qualify for a return to work for a participating employer of URS without being subject to some of the post-retirement reemployment restrictions. If you are reemployed **after 60 days**, but **within one year from your retirement date**, the **Separation Requirement** will not be met until you complete **12 consecutive months** of termination from employment with all URS participating employers.

Post-Retirement Reemployment Restrictions:

The restrictions are described in greater detail in the **Notice of Post-Retirement Reemployment Restrictions, Form RTRT-50**, which you reviewed and signed at the time of your retirement. If you have questions about the restrictions, please refer to that form or contact the Retirement Benefits Department at 801-366-7770 or 800-695-4877.

Defined Contribution Savings Plans Payments:

If you are receiving payments from your URS 401k or 457 plan(s), based upon your retirement and are not eligible for age-based distributions, your ongoing payment from the Savings Plans must be canceled until you terminate employment or reach the age of eligibility for distributions. Contact the Savings Plans department at 801-366-7720 or 800-688-4015 for questions.