



Utah Retirement Systems
 PO Box 1590
 Salt Lake City, Utah 84110-1590
 (801) 366-7318
 (800) 753-7318
 FAX (801) 366-7759

EMPLOYEE BENEFITS NOTIFICATION

For Pension and
 Savings Plan Benefits

EMPLOYEE INSTRUCTIONS:

Please type or print clearly using black ink.

1. After reviewing this form with your employer, sign Section C.

EMPLOYER INSTRUCTIONS:

1. Complete this form immediately upon an employee's separation, retirement, or start of long-term disability leave.
2. Review Sections A and B with the employee and have the employee sign in Section C.
3. Complete Section D. In the event the employee is not available, Section D should be completed with the date a copy of the form was mailed to employee.
4. Make photocopies of the completed form for the employee and for your records; return the original to URS.

SECTION A - PENSION BENEFITS

If you separate from active employment, including retirement, you may be eligible for the following benefits:

1. **A refund of member contributions.** An application must be filed with URS. The refund may not be made within 60 days from the last date of the pay period for which contributions are made. Please contact the Defined Benefit Retirement Department at (801) 366-7770 or (800) 695-4877 for assistance and information regarding penalties and taxes.
2. **A lifetime monthly benefit if the URS eligibility requirements are met.** An application stating your effective retirement date must be filed with the Retirement Office before your retirement date. Please contact the Defined Benefit Retirement Department at (801) 366-7770 or (800) 695-4877 for assistance.
3. **A death benefit.** This is only available for certain URS members. Please contact the Defined Benefit Retirement Department at (801) 366-7770 or (800) 695-4877 for assistance.

SECTION B - SAVINGS PLANS

If you have funds in a URS Savings Plan and you separate from service, retire from active employment, or go on long-term disability leave, several withdrawal options are available. If you choose to take a distribution, please contact the Defined Contribution Department at (801) 366-7720 or (800) 688-4015 for assistance, or visit www.urs.org.

Note: An annual account maintenance fee of \$15 will be assessed to inactive participant accounts with combined 401(k), 457, and IRA plan balances of less than \$5,000. Periodically inactive participants with combined 401(k), 457, and IRA plan balances less than \$1,000 will be issued a check (or checks) to bring their balance(s) to \$0.

Please Note:

1. A leave of absence or leave without pay does not qualify a member to receive URS Savings Plan distributions (except IRAs).
2. A separated or retired participant must begin required minimum distributions no later than April 1 of the calendar year following age 70½ except Roth).
3. If you are re-hired by another employer participating with URS, you may not qualify for a distribution from the plans (except IRAs).

SECTION C - EMPLOYEE SIGNATURE

I hereby certify I have been notified of my rights under the plans, systems, and programs administered by URS. I understand it is my responsibility to contact the URS department(s) noted in Sections A and B and complete the appropriate forms to receive benefits to which I may be entitled.

Employee's Signature

Date

SECTION D - EMPLOYER INFORMATION (please type or print clearly in black ink)

Employee Name (first, middle, last)

Social Security Number

Mailing Address

City

State

Zip

Last day paid with benefit coverage (month/day/year) _____

Reason for leaving employment:

- Separation from employment
- Retiring with URS
- On Long-Term Disability Leave Last day worked (month/day/year) _____

If no benefit coverage, last day worked (month/day/year) _____

This form was:

- Mailed to the employee (month/day/year) _____
- Given to the employee (month/day/year) _____

Name of Employer and Employer Number

Authorized Signature (required)

Phone Number
()

Date