



# Milton-Freewater Unified School District

1020 S Mill Street  
Milton-Freewater, OR 97862  
phone: 541.938.3551  
fax: 541.938.6704  
www.miltfree.k12.or.us

## Classified/Certified Retirement review request

Full Name (First Last): \_\_\_\_\_ Date: \_\_\_\_\_

Job Title: \_\_\_\_\_ Primary work location: \_\_\_\_\_

Address: \_\_\_\_\_

(Street)

(City)

(State)

(Zip Code)

Date of Birth: \_\_\_\_\_ Current age: \_\_\_\_\_

Original Hire date: \_\_\_\_\_ (use your best estimate)

Did you have any breaks in service: Yes No

If yes, provide years: \_\_\_\_\_ (use your best estimate)

Are you eligible to retire from PERS: Yes No

\*\*PERS has a great website – more info here: <https://www.oregon.gov/pers/ret/Pages/default.aspx>

Have you met with PERS in a RAAS: Yes No (Retirement Application Assistance Session)

\*\*anyone within 90 days to 1 year of retiring is recommended to attend RAAS, more info here:

<https://www.oregon.gov/pers/mem/pages/retirement-application-assistance-sessions.aspx>

Estimated retirement date from PERS: \_\_\_\_\_ Age at time of retirement: \_\_\_\_\_

Do you plan to retire from the District at the same? Yes No

\*\*Not required per SB1049 – more info here: <https://www.oregon.gov/pers/mem/pages/sb1049.aspx>

If no, estimated retirement date from the District: \_\_\_\_\_ Age at time of retirement: \_\_\_\_\_

**For Retiring Licensed/Certified staff only**- Early retiree insurance stipend eligibility requirements listed in CBA, Section L. Early Retirement, summarized below:

- Are you eligible to retire from PERS? – more info here: <https://www.oregon.gov/pers/ret/Pages/default.aspx> • yes\_\_\_\_\_ no\_\_\_\_\_
- Have you completed twenty-five (25) years of continuous service with the District • yes\_\_\_\_\_ no\_\_\_\_\_
- Will you be 59 to 65 at the date of your retirement from the District? • yes\_\_\_\_\_ no\_\_\_\_\_

If you can answer yes to all three above, choose to enroll in OEGBB retiree plans & are not Medicare eligible, your insurance stipend per month will be: **\$530/month (prorated for less than full time FTE)**

**Please return completed form to Tara Lewis in Payroll**

Received by Payroll: \_\_\_\_\_ Reviewed by Superintendent: \_\_\_\_\_  
Initial Date Initial Date