

EASTERN SUFFOLK BOCES

Acknowledgement of Retirement Packet Information

Please initial each item below, sign the bottom, and return this form to Human Resources.

___ Information describing the medical benefits available to me into my retirement years, if applicable.

___ Information describing the dental and/or life insurance policies available to me into my retirement years, if applicable.

___ Information describing Medicare coverage and my responsibility regarding my Medicare reimbursement application.

___ Information regarding the amount of retirement leave (terminal leave) pay due me upon separation from ESBOCES (if eligible), and non-elective 403b employer contributions, if applicable. Please provide the name of your 403b Service Provider (i.e. Equitable, AXA) below:

___ Information regarding the amount of vacation pay due me upon separation from ESBOCES (if eligible), if applicable. If you are tax sheltering your vacation pay. Please provide the name of your 403b Service Provider (i.e. Equitable, AXA). Or, indicate your 457 Plan below:

___ I agree it is my responsibility to advise BOCES of all/any life event changes that will affect my medical insurance (i.e. divorce, death of a dependent, address/phone change). I understand that I will be responsible for insurance premium payments made by ESBOCES, should I fail to notify the Agency of any life changes that would affect my premiums in a timely manner.

___ All payroll deductions are discontinued on the final bi-weekly salary paycheck(s), which will be direct deposited.

___ Please provide your personal email for future correspondence: _____

___ Provided ESBOCES with a copy of the Retirement Letter confirming date of retirement.

Employee Name (Please print)

Employee ID#

Employee Signature

Date

Human Resources Representative

