



The I'm-Ready-to-Retire Form

Date: _____

Dear Andrews University Human Resources Office:

(The first day of the month in which you reach retirement eligibility OR the first day of the month after your last work day)

I am requesting Direct Deposit of my monthly benefit	Yes	No
I have qualifying military service	Yes	No
I have opted-out of Social Security	Yes	No
I am an ordained minister and would like to apply for the Parsonage Allowance Exclusion	Yes	No
I am applying for Healthcare Assistance (SHARP) (eligible with 15 years of service or more)	Yes	No

My Selections:

Base Option	(\$35 per month per person)	Yes	No
Dental/Vision/Hearing	(\$60 per month per person)	Yes	No
Prescription Drugs	(\$115 per month per person)	Yes	No
Medicare Extension	(\$145 per month per person)	Yes	No

My Spouse's Selections (if applicable):

Base Option	(\$35 per month per person)	Yes	No
Dental/Vision/Hearing	(\$60 per month per person)	Yes	No
Prescription Drugs	(\$115 per month per person)	Yes	No
Medicare Extension	(\$145 per month per person)	Yes	No

I am: single married divorced widowed. (circle one)

If not married, disregard the remainder of the form and sign at the bottom.

My spouse's name: _____ SSN: _____

DOB: _____ Date of Marriage: _____

If married:

I would like to waive the Joint & Survivor benefit and elect single life. Yes No

How many of your pre-2000 church years of service were you married to current spouse? _____ years

I am applying for a Spouse Allowance (eligible with 20 years of service) Yes No

My spouse is receiving retirement benefits from another employer now. Yes No
If yes, monthly amount: \$ _____

My spouse will qualify for benefits from another employer-provided retirement plan in the future. Yes No
If yes, when? _____

My spouse received/will receive a pension(s) in a lump-sum distribution from the SDA Retirement Plan or another employer. Yes No
If yes, date accessible: _____
If yes, amount: \$ _____

That is it for now. Thank y