



Luzerne County Employees' Retirement System Form 5: Notification Letter of Intent to Terminate and/or Retire

TO: _____
Luzerne County Department Head

Termination/Retirement Date: _____

This is my official notification of my termination/retirement from employment with Luzerne County effective the _____ day of _____, 20____.

I understand I will be provided with benefit options resulting from my participation in the Luzerne County Employees Retirement Plan, applicable to my termination and/or retirement, after the required notification and data have been provided to the plan's administrative services agent.

Are you subject to any **Qualified Domestic Relations Order (QDRO)**? No Yes (Please attach a copy of the QDRO)

IMPORTANT NOTICE – Please Read Carefully

This Letter of Intent should be submitted directly to your Department Head. A notice of termination/retirement form will then be completed by the respective payroll clerk and data processing departments of Luzerne County. Upon receipt of the required "Notice" by the plan's administrative agent, your benefit options will be calculated and a letter will be forwarded to you outlining your options at the address indicated on this form. Upon election of your distribution option, the required forms will be forwarded to you for completion. Processing time will take approximately 60 days from the date of your last payroll period provided all required data is received in the stated timeframe.

EMPLOYEE ACKNOWLEDGEMENT			
Employee Name (Print)	Sex	Member SS#	Employee Number
Address		Date of Birth	Home Phone
City, State, Zip		Department Name and No.	Department Phone No.

If you would like to include the Joint & Survivor Options on your quote, please complete the information below:

Survivor Name	Sex	Survivor SS#	Survivor Date of Birth
---------------	-----	--------------	------------------------

I have read and understood the above information and processing time involved with my termination and subsequent distribution from the Luzerne County Employees Retirement System.

Employee Signature

Today's Date

DEPARTMENT ACKNOWLEDGEMENT

I hereby acknowledge receipt of this notification letter and effective date of termination/retirement from Luzerne County for the above referenced employee.

Department Head (Print)

Department Head (Signature)

Today's Date

Completed form should be sent to: EBDS, Outsource Administration - LC,
One Gateway Center, 12th Floor, 420 Fort Duquesne Blvd., Pittsburgh, PA 15222