

**REQUEST FOR RETIREMENT INITIATION KIT**

Today's Date \_\_\_\_\_

**NOTE: Submit this form 3-4 months before your retirement date to the Retirement Administration Service Center (RASC) via e-fax to: 1-800-792-5178 or via mail to: University of California – RASC, P.O. Box 24570, Oakland, CA 94623-1570. Your Personal Retirement Profile and packet will not be mailed to you until you are within 90 days before your retirement date.**

Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_ Last 4 digits of SSN: \_\_\_\_\_

Campus Location: \_\_\_\_\_ Daytime phone: \_\_\_\_\_ Home phone: \_\_\_\_\_

Home Mailing Address: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

UCRP Retirement Date: \_\_\_\_\_ Separation Date: \_\_\_\_\_

**(The separation date must precede the retirement date by at least one day)**Do you anticipate any changes in your current appointment prior to retirement? Yes  No 

If yes, please explain: \_\_\_\_\_

Do you have any eligible survivors? Yes  No  A survivor may include spouse/domestic partner, dependent children (under the age of 18, 22 if full-time student(s) or disabled), and/or dependent parents. If yes, please provide name(s), birth date(s), relationship(s) and marriage/partnership date below (use back of sheet if more room is need):

| Name  | Birth Date | Relationship | Marriage/Domestic Partner Date |
|-------|------------|--------------|--------------------------------|
| _____ | _____      | _____        | _____                          |
| _____ | _____      | _____        | _____                          |

| Name  | Birth Date | Relationship |
|-------|------------|--------------|
| _____ | _____      | _____        |

If you have an eligible child, is he/she disabled? Yes  No  If yes, provide disability date: \_\_\_\_\_If you have a spouse/domestic partner, is he/she also a UC employee? Yes  No Do you have anyone you would like to name as your contingent annuitant? Yes  No 

(Purpose: To leave a monthly lifetime benefit to someone after your death. In order to provide this, you receive a reduced monthly benefit while you are alive. A contingent annuitant does not have to be an eligible survivor, but you may name only one contingent annuitant). Requesting a contingent annuitant calculation does not obligate you to choose this option. If yes to the above, please provide the name and birth date of your contingent annuitant:

| Name  | Birth Date |
|-------|------------|
| _____ | _____      |

Will any of the following covered under your UC medical plan be eligible for Medicare upon your retirement?

You  Your Spouse  Your Domestic Partner  Your child  Name of child: \_\_\_\_\_Do you have any prior service, or expect to apply for separate retirement benefits, under the following California state retirement systems? CalPERS  or CalSTRS If so, is your 36 month average salary in CalPERS or CalSTRS higher than UCRP? Yes  No 

Do you have any current UCRP actions in progress? If so, please indicate below. (These may include pending UCRP service credit buyback, UCRP service credit inquiry, UCRP Disability Income application and/or divorce settlement.)

Will you be moving upon retirement? Yes  No  If yes, provide move date/new address/phone below:

Move Date: \_\_\_\_\_ New Address: \_\_\_\_\_ Phone: \_\_\_\_\_

**For more information, please contact RASC at 1-800-888-8267, Option 8, Monday to Friday, 8:30 a.m. to 4:30 p.m, PT**