

# Office of Personnel

## ***RETIREMENT INFORMATION:***

### ***STEPS TO TAKE WHEN CONSIDERING RETIREMENT:***

- 1. Contact the Public Employees Retirement office at 1-800-444-7377 90 days prior to your projected retirement date.***
- 2. Contact the Personnel Office to schedule an appointment.***
- 3. Turn in a written letter of resignation to your Supervisor.***
- 4. Complete a Pre-Application for Service Retirement Benefits (Form 9ASRVC).***

**CONTACT PERSON FOR THE FOLLOWING INSURANCE:**

UNUM LIFE INSURANCE.....MATT MOEHRING.....**328-9715**

VISION INSURANCE-----JOHN GILLIAM-----**329-4044**

DENTAL INSURANCE-----JOHN GILLIAM-----**329-4044**

CAFETERIA PLAN .....DAVID JENKINS.....**662-401-4653**  
**1-800-465-2129**

DEFERRED COMPENSATION.....JOHNNY PETERS.....**1-800-846-4551**

TRIANGLE CREDIT UNION.....**327-9450**

**RETIREMENT PACK**

**PERS FORM -9A SRVC-PRE-APPLICATION FOR SERVICE RETIREMENT  
FILL OUT PART 1, SIGN AND DATE, RETURN TO THE PERSONNEL  
DEPARTMENT TO PROCESS**

**ACCUMULATED UNUSED LEAVE DAYS CAN BE CERTIFIED TO PERS FOR  
CREDIT OR THE DISTRICT CAN PAY YOU UP TO 30 DAYS. SEE NOTE AT  
THE BOTTOM OF SHEET AND CONTACT THE PERSONNEL  
DEPARTMENT FOR MORE INFORMATION**

**STATE LIFE INSURANCE—FORMS AND RATE SHEET ARE ENCLOSED TO  
CONTINUE OR CANCEL YOUR INSURANCE---IF YOU HAVE ANY QUESTIONS  
CONTACT THE PERSONNEL DEPARTMENT...**

**HEALTH INSURANCE—FORMS AND RATE SHEET ARE ENCLOSED TO  
CONTINUE OR CANCEL YOUR INSURANCE---IF YOU HAVE ANY QUESTIONS  
CONTACT THE PERSONNEL DEPARTMENT...**

**DENTAL AND VISION INSURANCE-CAN BE CONTINUED FOR 18 MONTHS  
UNDER COBRA. A COBRA NOTICE WILL BE SENT OUT TO YOUR HOME  
ADDRESS TO CONTINUE OR CANCEL THIS INSURANCE.. IF YOU HAVE  
ANY QUESTIONS CONTACT THE PERSONNEL DEPARTMENT.**

**THE HEALTH AND LIFE INSURANCE DEDUCTIONS WILL STOP IN THE  
MONTH YOU RETIRE.**

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**I WISH TO CERTIFY \_\_\_\_\_ DAYS TO PERS AND BE PAID FOR  
\_\_\_\_\_ DAYS.**

**I AM AWARE THAT THE DAYS I CERTIFY TO PERS AND THE DAYS THE DISTRICT PAY ME MAY  
BE ADJUSTED ACCORDING TO THE NUMBER OF DAYS I USE**

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE