

# APPENDIX G

## JEFFERSON COUNTY SCHOOL SYSTEM

Application and Agreement for the Early Retirement Incentive Program  
(Application deadline April 1 of effective year of retirement)

Name \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_

Social Security # \_\_\_\_\_ Birthdate \_\_\_\_\_

My effective date of retirement is \_\_\_\_\_. I will have completed \_\_\_\_\_ years of service as recognized by the Tennessee Consolidated Retirement System, \_\_\_\_\_ years of which were completed as a certificated employee of the Jefferson County School System. Attached is documentation from TCRS. Estimated sick leave days \_\_\_\_\_.

\_\_\_\_\_ I understand that I forfeit any right to be employed by the Jefferson County Board of Education except as permitted by the TCRS.

### METHOD OF PAYMENT (Choose One)

\_\_\_\_\_ I choose to receive \$9,000 dollars in two equal payments of \$4,500 each, on July 20, 20\_\_\_\_ and July 20, 20\_\_\_\_.

\_\_\_\_\_ I choose to receive \$10,500 in three equal payments of \$3,500 each, on July 20, 20\_\_\_\_, July 20, 20\_\_\_\_, and July 20, 20\_\_\_\_.

### BENEFICIARY

If a retired employee dies before receiving all of the benefits agreed to, a lump sum payment of equal to the balance of the benefit shall be paid to the designated beneficiary upon presentation of proper documentation. I hereby reserve the right to change any beneficiary hereto without the consent of any beneficiary. Any change in Designation of Beneficiary must be filed in writing with the Jefferson County Board of Education.

I hereby designate as my beneficiary:

Name: \_\_\_\_\_

Relationship \_\_\_\_\_

Address: \_\_\_\_\_

Social Security Number \_\_\_\_\_

\_\_\_\_\_

Phone \_\_\_\_\_

