



SARPY COUNTY NOTICE OF RETIREMENT

If you would like to talk to someone in the Human Resources Department before completing this form, please call 402-593-4486

EMPLOYEE INFORMATION

Name: _____ Date: _____
Department: _____ Date of Birth: _____
Job Title: _____
Home Address: _____
Primary Phone #: _____ Email: _____

RETIREMENT INFORMATION

Date of Retirement: _____
Employee Group: AFSCME/Local 251 Employee's Association
 F.O.P. F.O.P: Communications Non-Union

If you currently have Group Health Insurance and have met the applicable employment requirements as a Retiree, please elect the following:

I wish to continue coverage at the following level (if coverage is elected, you will be responsible for your portion of the premium and failure to remit such payment shall result in loss of coverage):
 Employee Only Employee/Spouse Employee/Child(ren) Family
 I wish to decline coverage

AUTHORIZATION

By signing this notice, you acknowledge that you have read and certify that this notice is accurately executed.

Employee Signature _____
Date

HUMAN RESOURCES USE ONLY

Date Received: _____

Human Resources Director Signature _____
Date