



# Application for Incentive Retirement Plan\*

\*Available only to faculty and professional staff who participate in the University's retirement plan for faculty and professional employees and to faculty who participate in the Maine State Retirement System. To be eligible for the Incentive Retirement plan, a faculty member (represented and non-represented) must have been employed prior to July 1, 1996; represented and non-represented professional employees must have been employed prior to July 1, 2006.

## EMPLOYEE INFORMATION

NAME: \_\_\_\_\_ MaineStreet ID: \_\_\_\_\_  
First Middle Last

Address: \_\_\_\_\_  
Street City State Zip Code

Birth Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Employment Date\*\*: \_\_\_\_/\_\_\_\_/\_\_\_\_ Retirement Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Department: \_\_\_\_\_ Title/Rank: \_\_\_\_\_

**Note: Employees who retire are not eligible to be re-employed anywhere in the University of Maine System on a full-time, regular basis.**

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Note: The Separation Form adjusts budget encumbrances and the employee's pay record to reflect the retirement date and may accompany this form or be submitted at a later date.**

\_\_\_\_\_  
Department Chairperson Date Vice President Date

\_\_\_\_\_  
Dean/Director Date President Date

**\*\*Use most recent date of hire as a regular employee in the case of non-continuous service. In the case of a split career (hourly and salaried) please indicate the date of change to salaried status as well.**

## University of Maine Human Resources Use Only

Present Annual Base Salary \$ \_\_\_\_\_ Position Number: \_\_\_\_\_

Years of continuous, regular, full-time (or full-time equivalent) service completed: \_\_\_\_\_

Incentive Contribution (base salary x 1.5% x completed years of full-time service): \$ \_\_\_\_\_  
(Maximum 27 years)

Comments: \_\_\_\_\_

## UMS Office of Human Resources Use Only

Employee SSN: \_\_\_\_\_ Date Application Received: \_\_\_\_\_

Date Remitted: \_\_\_\_\_ Amount Remitted: \_\_\_\_\_

\_\_\_\_\_  
System Office of Human Resources Date

**Distribution: Original to UMaine Office of HR. Copies to Office of Budget & Business Services, System Office HR, personnel file and employee.**