



Re-Employment Option Enrollment Form – October 2006

PLEASE PRINT

 Last Name First Name Middle Initial Employee ID #

 Street Address City State Zip Code

 Department Supervisor

 Home Phone Work Phone Email Address (*please provide full path*)

Administrative Staff FT PT Classified Staff FT PT

EMPLOYEE- After completing the information below, please sign and return to the Office of Human Resources. Please read the attached form as it provides the policy and procedure for the Re-Employment Option.

Enrollment date into option (<i>must be between October 2, 2006 until November 3, 2006</i>)	
Desired retirement date (must be between October 1, 2006 and June 30, 2007)	
Desired re-employment date (must be at least 60 days after your retirement date above)	
Date when retirement information is being sent to OPERS (date to be entered by HR)	

I would like to enroll into the BGSU Re-Employment Option. By signing below, I understand the parameters of the program as well as the procedure as set forth on the attached page. BGSU has the right to terminate this option in one year with an opportunity for renewal.

 Signature Date

INSTRUCTIONS TO EMPLOYEE

In order to qualify for this program, you must be eligible to retire into the OPERS retirement system or some combination of OPERS, STRS, SERS, and military retirement credit. You must file for retirement between October 1, 2006 and June 30, 2007. You will be required to work through the BGSU Office of Human Resources to facilitate your retirement through OPERS. Based on state regulations, you will be required to obey the minimum sixty (60) day waiting period before being rehired by Bowling Green State University or agree to waive sixty (60) days of retirement income and medical coverage from OPERS. The re-employment will not exceed thirty two (32) hours per week. The re-employment period will be for one (1) year with an opportunity for renewal based on Vice Presidential approval, operational needs of the work unit, budgetary availability and acceptable performance by the employee.

Please adhere to the following steps to apply for this program

1. Talk to your supervisor/department regarding the option.
2. Please fill out the attached form and return to the Office of Human Resources.
3. Contact Human Resources and fill out the OPERS retirement paperwork.
4. Follow the parameters of the program that are highlighted above and below.

EMPLOYEE ACKNOWLEDGEMENTS: Please read and sign below

I have read the above information and:

1. I understand that I must fill out the attached form and return it to Human Resources between October 2, 2006 and November 3, 2006.
2. In addition, I understand that I must fill out the required retirement OPERS paperwork sixty (60) days prior to my anticipated date of retirement.
3. I must wait the minimum of sixty (60) days following my retirement effective date before BGSU can enact my re-employment or waive sixty (60) days of retirement income.
4. The re-employment will not exceed thirty two (32) hours per week and will be for one (1) year with an opportunity for renewal.
5. I understand that by agreeing to this option, I will be rehired by BGSU on a non-student letter of appointment. Further, I understand my benefits will change because of this choice. As a result, I will be eligible for unemployment compensation, workers compensation and retirement ONLY. I further understand that all retirement earnings will remain separate from my original OPERS account. OPERS will create a money purchase annuity account for me that will contain all employee and employer retirement contributions that are accumulated after retirement. The full amount of money in this account will not be available to me before age 65, but I may obtain a reduced amount at age 62, but no earlier.
6. Finally, I understand that BGSU will not be responsible for providing healthcare benefits to me. This includes medical, dental, and prescription drug coverage. I will be covered through my retirement account with OPERS. I will also not be eligible for life insurance and will not accrue any sick leave, vacation, compensation time or personal leave hours.

Employee Signature _____ Date _____

It is the employee's responsibility to ensure that this form is properly completed and returned to the Office of Human Resources prior to the deadline date of November 3, 2006.