## Intent to Retire and terminate my employment with Mt. San Jacinto Community College

Date:		
To: Human Resources Re: Letter of Intent to Retire		
Name:	Employee #:	Position:
College, effective:	· · ·	yment with <i>Mt. San Jacinto Community</i>
		ally the day after your last day with the
district).		

• I understand that I may continue my medical benefits for 10 years or the Health Reimbursement Arrangement (HRA) for 10 years. My election is to: (Please check box below) Unit members hired after April 12, 2018 will only be offered the 10-year HRA.

CHECK ONE BOX BELOW:	YOU ARE ELGIBLE FOR THE FOLLOWING RETIREE BENEFITS:	
	I elect to continue the District Paid Medical benefit for 10 years.	
	I elect to be enrolled in the Health Reimbursement Arrangement (HRA) for 10 years.	
	I decline Medical Insurance with the District.	

• I understand that by electing the HRA that my district paid medical benefits will terminate on: \_\_\_\_\_\_ (usually the last day of the month). At that time, I am eligible for COBRA Dental and/or Vision benefits for up to18 months. My elections are as follows: (Please check boxes below)

CHECK ONE BOX BELOW:	DENTAL PLAN
	Continue Dental Coverage
	Decline Dental Coverage
	I did not have Dental Coverage with the District.

CHECK ONE BOX BELOW:	VISION PLAN
	Continue Vision Coverage
	Decline Vision Coverage
	I did not have Vision Coverage with the District.

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

cc: Supervisor: \_\_\_\_\_