



SOUTHWEST INDEPENDENT SCHOOL DISTRICT RETIREMENT/RESIGNATION FORM

To: Employee Benefits Office

I hereby submit my official notice to Southwest Independent School District that I will be:

Resigning from the District on (indicate date) _____

NOTE: Employees resigning from the District are not eligible for reimbursement of unused accumulated leave. COBRA will be offered for resigning employees under this eligibility group.

Retiring from the District on (indicated date) _____

NOTE: An employee who retires from the District may be eligible for reimbursement of any/all unused accumulated state and local leave however, certain criteria applies, please review Board Policy DEC (LOCAL).

I will complete my scheduled work-year: Yes No

Position/Assignment _____ Campus/Department _____

HOUSE BILL 973 entitles employees of school districts to have the option to remain on the district's group health insurance through the summer months (retirees eligible for medical coverage through TRS-Care have the option to defer their coverage until September 1st) if their retirement or resignation date is effective after the last instructional day for the current school year.

I Elect to continue my current group coverage for my medical and/or other benefits through August 31st. If a June or July pay-off is elected, unless other arrangements have been made with the Benefits Department, I understand that any/all of my insurance premiums will be deducted from my final paycheck.

Please note: It is the employee's responsibility to directly communicate and inform TRS of their intent to defer their medical benefits until September 1.

I Decline all employee benefits through August 31 (if applicable); please cancel all my deductions effective _____.

Please Print

Last Name First Name M.I. Employee ID #

Address City State Zip Cell/Home #

Employee Signature Date

Comments: _____

This form must be submitted to the Office of Employee Benefits (employees please retain a copy of this form for their records).