

This Retirement Plan Election Form is made by

Name \_\_\_\_\_

(hereinafter referred to as "I" or "Employee") and The Regents of the University of California (hereinafter referred to as the "University").

**BACKGROUND**

- I previously terminated employment with the University.
- I am receiving monthly retirement income from the University of California Retirement Plan (UCRP).
- I was recently reemployed by the University.
- Unless I suspend my monthly retirement benefits or get a formal exception, UC policy limits my employment into a senior management or staff appointment to 43 percent time.
- To avoid the suspension, the University is offering me the choice of making a knowing waiver of any and all rights to accrue additional benefits and service credit under UCRP based on this period of reemployment with the University and continuing to receive my UCRP monthly retirement income. I understand that I will not be eligible for Full Benefits (as defined in *Your Group Insurance Plans*) as an employee under the University's health and welfare plans if I elect to waive my right to accrue additional UCRP benefits and continue my monthly retirement income.

**WAIVER AGREEMENT AND RELEASE**

For and in consideration of the terms and conditions set forth below, I acknowledge that I understand that:

1. UCRP provides this Election to allow me to choose between waiving my right to accrue additional UCRP benefits and service credit so that I can continue to receive monthly UCRP retirement income or suspend my monthly UCRP retirement income and accrue additional benefits and service credit under UCRP during my period of reemployment.
2. If I elect to continue my UCRP monthly retirement income payments without interruption, the University shall not include me as an "active member" of UCRP for purposes of UCRP service credit accruals and benefit accruals for this period of reemployment subsequent to my most recent separation from service with the University. If I elect to suspend my monthly UCRP retirement income and again become an active member of UCRP, my monthly retirement income payments will stop until I subsequently separate from University service.
3. If I elect to continue UCRP monthly retirement income, I will accept the continued payment of monthly retirement benefits as consideration in exchange for waiving all claims against the University or UCRP related to accruals of UCRP benefits and/or service credit for this period of reemployment.
4. If I elect to continue to receive monthly UCRP retirement income during this period of reemployment, I also will waive possible eligibility for full health and welfare benefits. Depending on the level of my appointment during this period of reemployment, I may be able to choose a lower level of health and welfare benefits. If I am currently enrolled in medical and/or dental plans as a retiree, I may elect to keep any retiree plan coverage I have (unless I am, or a family member is, eligible for Medicare). I understand that special rules dictate my medical coverage if I am, or a family member is, eligible for Medicare, as described in the accompanying factsheet. I understand that I cannot have duplicate coverage as both an employee and as a retiree.

5. I understand that if I am, or a family member is, eligible for Medicare and my appointment is for 43.75 percent or more time, my UC-sponsored medical plan becomes my primary coverage, that Medicare becomes the secondary payer, that my monthly net premium may increase, and that any Medicare Part B reimbursement stops. I understand that I may not cancel my Medicare Part B coverage.
6. My election to continue to receive my UCRP monthly retirement income will constitute my agreement not to pursue against the University and its employees and UCRP, any lawsuit, judgment, liens, indebtedness, damages, losses, claims (including attorneys' fees and costs), liabilities and demands of whatsoever kind and character in connection with or related to accruals of benefits and service credit under UCRP on or after the date of this reemployment. This Election Form specifically covers any and all claims of UCRP benefits arising from this period of my reemployment with the University, omission from accruals of benefits under UCRP during this period, continuation of UCRP benefits payments after reemployment and eligibility for full benefits under the University's health and welfare plans based on those laws and regulations prohibiting employment discrimination, including but not limited to, the federal Age Discrimination in Employment Act and the California Fair Employment and Housing Act.
7. I expressly acknowledge that I have been supplied with and have read the terms of this Election, including, but not limited to, the terms of the waiver, and I have had ample time to discuss my options with my own legal counsel. I acknowledge that I fully understand the contents and effect of this document and any accompanying or referenced materials. I approve and accept the terms and provisions of this Election, including but not limited to the effect of the waiver and voluntarily agree to be bound by terms of the waiver, if I elect that option. I have a period of 21 days to consider the Election. If I elect to sign the Election before 21 days have passed, I voluntarily waive the 21-day period to consider this Election. I understand that this Election is voidable for 7 calendar days after I sign it, provided that I notify the Benefits Office in writing within 7 calendar days after signing this Election Form. If the Benefits Office does not receive such notice, this Election will become final, binding, and irrevocable 7 calendar days after I sign this Election Form.
8. This Election Form contains the entire agreement between the University and myself regarding waiver of UCRP benefits and service credit.
9. This Election shall bind the heirs, personal representatives, successors, and beneficiaries of myself and the University.
10. Any modification to the terms of this Election must be made in writing and signed by all parties to this Election.
11. This Election is made and entered into in the State of California and shall in all respects be interpreted and enforced in accordance with California law.
12. If any provision of this Election, for any reason, should be deemed or held invalid or unenforceable in whole or in part by a court of law, said determination shall not affect any other provision of this Election.

**UCRP RETIRED EMPLOYEE ELECTION FORM**  
 UBEN 1039 (R7/09) University of California Human Resources

Return completed Election Form  
 to your Benefits or Payroll Office.

Please see your Benefit Representative for guidance in completing this form. All rehired retirees must complete this form regardless of the nature of the new appointment. Do not complete this form if you have received a lump sum cashout.

PERSONAL INFORMATION (Please type or print clearly)	
NAME (Last, First, Middle Initial)	EMPLOYEE ID NUMBER
CAMPUS/LAB/MEDICAL CENTER	CAMPUS PHONE (       )
DEPARTMENT ADDRESS	

**Please choose only one option below:**

- I ELECT TO CONTINUE TO RECEIVE MY MONTHLY UCRP RETIREMENT INCOME**
- I understand that I will not be considered an active member in UCRP.
  - I understand this election constitutes a waiver of my right to accrue additional UCRP benefits and service credit during my period of reemployment.
  - The waiver includes a release of all known or unknown claims for additional UCRP accrued benefits and service credit and eligibility for full benefits under the University's health and welfare plans.

**OR**

- I ELECT TO SUSPEND MY MONTHLY UCRP RETIREMENT INCOME**
- I understand that I will be considered an active member in UCRP and I will accrue additional UCRP benefits and service credit during my period of reemployment and make member contributions as required.
  - I understand that I am responsible for returning any monthly UCRP retirement income overpayments that I receive.
  - I understand that I must re-retire immediately after my employment ends.

**Important Medicare Information:** If you or a family member covered under your health and welfare plan(s) is eligible for Medicare and your appointment is for 43.75 percent time or more, your UC-sponsored medical coverage will become the primary payer. This may result in an increase to your monthly premium. You may not cancel your Medicare Part B coverage and must continue to pay the required premium.

**I certify that I have read and understand the information and instructions on this form. I understand that this election will remain in effect until I cancel it by submitting a new form.**

EMPLOYEE SIGNATURE	DATE
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FOR BENEFITS/PAYROLL OFFICE USE ONLY				
RETIREMENT/FICA INDICATOR:	RETIREMENT SYSTEM CODE:	FICA ELIGIBILITY:	EMPLOYEE HEALTH CARE COVERAGE Y      N	BELI INDICATOR
AUTHORIZED SIGNATURE		DATE	PHONE	

**Doc Type: WAV**