

Knox County Retirement & Pension Board

City-County Building, Room 371
400 Main Street
Knoxville, TN 37902
Phone: (865) 215-2323 Fax: (865) 215-2421



2008 Medical Retirement Plan Premium Bonus Election

Return form no later than
December 31, 2007

Part A – Retiree Information

Name (please print):

Address:

Phone Number:

City:

ST:

ZIP:

Home Phone:

Social Security Number:

Part B – Election

I understand that if I do not complete this form and return it to the Retirement Office by the deadline noted, the check will be issued payable to me and reported as taxable income for 2008.

I elect a \$120 lump sum distribution, reported as taxable income. (No taxes will be withheld)

I elect to rollover my Medical Premium Bonus to an IRA outlined below. I understand that the check will be made payable to my IRA. I understand that a copy of the check will be mailed to me so I will know that the check has been mailed directly to my IRA.

Complete the following for IRA rollovers only:

Name of IRA:

Contact Person:

Address:

Contact Phone Number:

City, State, Zip:

Account Number:

Part C – Authorization and Signature

- I hereby authorize the Knox County Retirement & Pension Board to pay my bonus election as noted above.
- I understand that if I am a Disabled Participant or a Beneficiary through Knox County Retirement I am not eligible to receive this bonus. (Do not return this form)
- I understand that by choosing the rollover option I must provide the name of IRA and applicable information regardless of previous elections.

Part D - Signature

Signature:

Date:

FOR OFFICE USE ONLY

Amount: \$120.00

IRS Code:

Date of Retirement:

Employee #: