

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:
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FOR OFFICE USE ONLY

Amount: \$120.00	IRS Code:	Date of Retirement:	Employee #:
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