



CITY OF HOUSTON

MUNICIPAL PHASE DOWN PROGRAM ELECTION FORM

Instructions:

1. You must verify your eligibility to retire with the Houston Employee Municipal Employee Pension System prior to submitting this form.
2. Between 30 - 60 calendar days prior to the employee's last day of active service with the City of Houston, the employee shall complete and submit the Municipal Phase Down Program (MPDP) Application (this form) to their Human Resources Department, Shared Services Liaison.
3. Employee shall contact their HR Benefits representative to submit and complete any required retirement benefit election forms.

Highlighted fields must be complete

I, _____, wish to notify the _____
 (full name) (City of Houston Department)

Department Director of my intention to retire from my position as a(n) _____ in the
 department. (Job Classification)

Last day on the payroll _____	Employee Number: _____
Retirement effective date _____	

I, _____ affirm the information contained on this form is true and accurate. I am submitting this election voluntarily and I understand this election is considered final, irrevocable and un retractable once submitted. In consideration for this election, I understand, and the City agrees that I am entitled to pay active employee insurances rates for up to five (5) years or until the UM is Medicare eligible, whichever occurs in accordance with the current HOPE Meet and Confer Agreement and/or City policy. I understand that the HR Department will only process my election if I submit this completed form, and I understand the HR Department will notify my Department Director of this election.

Signature of employee: _____ Date: _____

State of _____
 County of _____

Before me, _____, on this day personally appeared _____, known to me (or proved to me) on the oath of _____ or through (description of identity card or other document) to be the person whose name is subscribed to the foregoing instrument and acknowledged to me that he executed the same for the purposes and consideration therein expressed.

Given under my hand and seal of office this _____ day of _____, (20____).

(Stamp Notary Seal Here) _____
 Notary's Public Signature

COMPLETED BY HUMAN RESOURCES PERSONNEL ONLY

Signed: _____ Name: _____ Date Received: _____
 (HR Representative)

Please note: It is the responsibility of the employee to verify retirement eligibility.