



CITY OF HOUSTON

RETIREMENT INCENTIVE OPTION PLAN FOR CITY OF HOUSTON EMPLOYEES

Human Resources Department, Benefits Division
611 Walker, 4th Floor Annex, Houston, Texas 77002

Instructions:

1. You must verify your eligibility to retire with the Houston Employee Municipal Employee Pension System prior to submitting this form.
2. In order to participate in this retirement option, this form must be completed, signed, notarized and submitted to the Human Resources Department (HR) via mail at City of Houston, Human Resources Department Benefits Division, Attn: RIO, 611 Walker Street, 4th Floor, Houston, TX 77002 or the secure document portal (https://www.houstontx.gov/hr/benefits/sdsubmission_form.html) or in person Monday – Friday, 9am – 4pm, 611 Walker Street, 4th Floor, Houston, TX 77002

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 unretractable once submitted. In consideration for this election, I understand, and the City agrees that I will be receiving favorable health benefits rates as stipulated in Executive Order No. 1-54 (copy attached along with appendices. 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.