Г		
NAME:		Employee ID#:
HIRE DATE:		RETIREMENT DATE:
		no retire from District Service, shall designate one of the nit member's retirement forms are submitted to the District:
OPTION A		
		under STRS or PERS guidelines, after fifteen (15) or more edical benefits according to the following schedule:
Age at Retirement	Years of Service	Terms of Coverage
Under 65	15	To age 67
65 or over	15 - 22	2 years past retirement
65 or over	23 - 29	3 years past retirement
65 or over	30 or more	4 years past retirement
·		under STRS or PERS guidelines, after fifteen (15) or more paid hospital/medical benefits for every five years of full-
SELE	CT ONE OF THE F	FOLLOWING OPTIONS:
	OPTION A	☐ OPTION B
Signature:		Date: