



Utah Retirement Systems  
 PO Box 1590  
 Salt Lake City, Utah 84110-1590  
 801-366-7318  
 800-753-7318  
 FAX 801-366-7759

## EMPLOYEE BENEFITS NOTIFICATION

For Pension and  
 Savings Plans Benefits

**EMPLOYER INSTRUCTIONS:**

**Please type or print clearly using black ink.**

1. Complete this form immediately upon an employee's separation, retirement, or start of long-term disability leave.
2. Review Sections A and B with the employee and have the employee sign in Section C.
3. Complete Section D. In the event the employee is not available, Section D should be completed with the date a copy of the form was mailed to the employee.
4. Make a photocopy of the completed form for the employee and keep the original in his/her personnel file.
5. **In addition, complete an *Employee Separation Notice* for URS.**

**EMPLOYEE INSTRUCTIONS:**

After reviewing this form with your employer, sign Section C.

**SECTION A - PENSION BENEFITS**

**If you separate from active employment, including retirement, you may be eligible for the following benefits:**

1. **A refund of member contributions.** An application must be filed with URS. The refund may not be made within 60 days from the last date of the pay period for which contributions are made. Please contact our Retirement Department at 801-366-7770 or 800-695-4877 for assistance and information regarding penalties and taxes.
2. **A lifetime monthly benefit if the URS eligibility requirements are met.** An application stating your effective retirement date must be filed with our office before your retirement date. Please contact our Retirement Department at 801-366-7770 or 800-695-4877 for assistance.
3. **A death benefit.** This is only available for certain URS members. Please contact our Retirement Department at 801-366-7770 or 800-695-4877 for assistance.

**SECTION B - SAVINGS PLANS**

If you have funds in a URS Savings Plans and you separate from service, retire from active employment, or go on long-term disability leave, several withdrawal options are available. If you choose to take a distribution, please contact our Defined Contribution Department at 801-366-7720 or 800-688-4015 for assistance, or visit [www.urs.org](http://www.urs.org).

*Note: An annual account maintenance fee of \$15 is assessed to inactive participant accounts with combined 401(k), 457, and IRA balances of less than \$5,000. Inactive participants with combined 401(k), 457, and IRA balances less than \$1,000 are issued a check (or checks) to bring their balance(s) to \$0.*

Please Note:

1. A leave of absence or leave without pay does not qualify you to receive URS Savings Plans distributions (excluding IRAs).
2. If you are a separated or retired participant, you must begin required minimum distributions no later than April 1 of the calendar year after you reach age 70½ (excluding Roth IRAs).
3. If you are rehired by another employer participating with URS, you may not qualify for a distribution from the plans (excluding IRAs).

**SECTION C - EMPLOYEE SIGNATURE**

I hereby certify I have been notified of my rights under the plans, systems, and programs administered by URS. I understand it is my responsibility to contact the URS department(s) noted in Sections A and B and complete the appropriate forms to receive benefits to which I may be entitled.

Employee's Signature

Date

**SECTION D - EMPLOYER INFORMATION**

Employee Name (first, middle, last)

Social Security Number

Mailing Address

City

State

Zip

**Last day paid with defined benefit coverage (month/day/year)** \_\_\_\_\_

Reason for leaving employment:

- Separation from employment
- Retiring with URS
- On Long-Term Disability Leave Last day worked (month/day/year) \_\_\_\_\_

If no benefit coverage, last day worked (month/day/year) \_\_\_\_\_

This form was:

- Mailed to the employee (month/day/year) \_\_\_\_\_
- Given to the employee (month/day/year) \_\_\_\_\_

**Name of Employer and Employer Number**

**Authorized Signature (required)**

Phone Number

Date

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