

UCRP REEMPLOYED RETIREE NOTIFICATION FORM
UNIVERSITY OF CALIFORNIA RETIREMENT PLAN (UCRP)
 UBEN 1039 (R10/12) University of California Human Resources

Return completed form to your
 Benefits or Payroll Office.

Please see your Benefit Representative for guidance in completing this form. All retirees who receive a monthly retirement income and are reemployed in a senior management or staff position must complete this form regardless of the nature of the new appointment. Do not complete this form if you have received a lump sum cashout.

PERSONAL INFORMATION (Please type or print clearly)	
NAME (Last, First, Middle Initial)	EMPLOYEE ID NUMBER
CAMPUS/LAB/MEDICAL CENTER	CAMPUS PHONE ()
DEPARTMENT ADDRESS	REHIRE DATE

Please check only one of the applicable below:

- I WILL BE REEMPLOYED IN A NON-UCRP-ELIGIBLE POSITION**
- I understand that I will continue to receive my monthly UCRP retirement income.
 - I understand that I will not be considered an active UCRP member and will not accrue additional UCRP service credit during my period of reemployment.
 - I understand that if I am eligible for health insurance coverage both as an employee and as a retiree, I cannot have duplicate coverage, and if I enroll in employee health insurance coverage my retiree coverage must be suspended during my period of reemployment. (Also see Important Medicare Information below.*)
 - I understand that unless an approved exception applies, my appointment must be limited to the equivalent of no more than 43 percent time during a 12-month period.
 - I understand that if at any time, I am reemployed in a UCRP-eligible position, I must complete a new UBEN 1039 form and my UCRP retirement income will be suspended.

OR

- I WILL BE REEMPLOYED IN A UCRP-ELIGIBLE POSITION***
- I understand that my monthly retirement income will be suspended.
 - I understand that I will be considered an active UCRP member and that I will accrue additional UCRP service credit during my period of reemployment and that I must make member contributions as required.
 - I understand that my retirement income must cease the day before my rehire date and that I am responsible for returning any monthly UCRP retirement income overpayments that I receive.
 - I understand that I must re-retire the day after my employment ends and that I must contact the Benefits Office to begin the re-retirement process.

*** Important Medicare Information:** If you or a family member covered under your medical plan is eligible for Medicare, and your appointment is for 43.75 percent time or more, your UC-sponsored medical coverage will become the primary payer. This may result in an increase to your monthly premium.

I certify that I have read and understand the *Returning to UC Employment After Retirement Factsheet* and the above information.

EMPLOYEE SIGNATURE	DATE
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FOR BENEFITS/PAYROLL OFFICE USE ONLY				
RETIREMENT/FICA INDICATOR	RETIREMENT SYSTEM CODE	FICA ELIGIBILITY	EMPLOYEE HEALTH CARE COVERAGE Y N	BELI INDICATOR
AUTHORIZED SIGNATURE	DATE	PHONE		

Doc Type: WAV