



CAJON VALLEY UNION SCHOOL DISTRICT
SUPERVISORY (CVSA) EMPLOYEE RETIREMENT OPTIONS
2019 - 2020

I, _____ (SSN # _____), am submitting my resignation for retirement and hereby select the following retirement incentive option offered by the Cajon Valley Union School District. I understand that my choice is irrevocable.

Work Site: _____ Job Title: _____

Effective Date of Resignation: _____ Effective Date of Retirement: _____

**Resignation date must be at least one day prior to retirement date*

Health Benefits for Retired Supervisory Employees (Article XI)

Employees who have ten (10) years of service in the District, of which the last five years must be consecutive (employees have completed 75-percent or more of their work year) and has reached the age of fifty-five (55) years shall be eligible and may apply for paid health and dental insurance as covered by the CSEA contract. Retirees are responsible for payment of all co-premiums.

Public Employees Retirement System (CalPERS)

Under the Public Employees Retirement System (CalPERS), employees are eligible to retire when they have reached age fifty (50) and have five years of service credit (this option does not include CVUSD benefits). Contact with CalPERS is the employee's responsibility. CalPERS staff are available at 888-225-7377 or the CalPERS Regional Office located at 7676 Hazard Center Drive, Suite 350, San Diego, CA 92108.

PLEASE CHOOSE ONE OF THE FOLLOWING RETIREMENT OPTIONS:

_____ **OPTION I: RETIREMENT LONGEVITY (Article X)**

Effective July 1, 2012, unit members who have completed at least 15 years of service in Cajon Valley and have attained 54 years of age at the time of application, may receive a one-time, off-schedule retirement incentive equivalent to six percent (6%), of step 6 of the current range, provided they submit an application/resignation to the Director of Personnel twelve (12) months prior to the retirement date.

_____ **OPTION II: BASIC RETIREMENT**

No incentive available.

IF MOVING FROM THE AREA, FORWARDING MAILING ADDRESS:

C/O (if applicable): _____

Address: _____

Street Number

State

Zip

Telephone Number: (_____) _____

Signature _____

Date _____