



To be signed by an employee who has presented a retirement distribution or rollover request to the UAMS Office of Human Resources for approval, and who is separated from UAMS employment for less than 32 calendar days.

PRINT YOUR NAME: _____
(and sign below)

SOCIAL SECURITY NUMBER (or SAP #): _____

I am requesting that I receive a distribution from my UA retirement plan due to my separation of employment from UAMS. I have or will present TIAA and/or Fidelity distribution requests to the UAMS Office of Human Resources for approval.

I understand that by requesting that UAMS’s retirement contributions (all or partial) to be paid to me, that I cannot return to UAMS employment for at least 31 calendar days, nor can I transfer to another University of Arkansas campus within 31 calendar days. This is in accordance with University and State policy that returning to work within 31 days is a “reinstatement” and not a true separation of employment.

If I return to University of Arkansas employment after 31 calendar days, I understand:

- That my sick leave balance will not be restored (unless the reason for my separation of employment was due to budgetary reasons or curtailment of work activity); and
- That my break in service will affect my eligibility for retiree insurance benefits. [In order to be eligible for retiree insurance benefits, an employee generally must have 10 years consecutive years of covered service, and their age and years of service must equal at least 70.]; and
- That I must complete the onboarding process and re-enroll in the benefit plans as any other new employee; and
- That my hire date and merit increase eligibility dates will be adjusted to reflect my break in service.

I also understand that UAMS remits retirement contributions once a month. Therefore the contributions from my last paycheck may not yet be posted in my TIAA and/or Fidelity account. If I am cashing out or otherwise receiving a distribution from my UA retirement plan now, I may not be receiving all contributions and may have to reinitiate the distribution process. If I am not vested, I will only be eligible to receive a distribution on my personal contributions.

SIGNATURE: _____ DATE: _____

Fax Completed Form to: 501-686-5386 or scan and email to askhr@uams.edu or return to the Office of Human Resources, Central Building 4C.