

# Sunrise General Employees Retirement Fund

## Separation from Employment Checklist

The below indicates the forms that employees must obtain and complete when they are separating employment, entering the DROP or retiring. The completed forms should be submitted directly to the Administrator of the Fund.

### SEPARATING FROM EMPLOYMENT (Resignations or Terminations)

#### Forms for All Separated Employees Seeking a Refund of Contributions\*

\_\_\_\_\_ Tax Withholding Notification and Election (*Form for All Separated Employees, both Non-Vested and Vested, Seeking a Refund of Contributions*)

\_\_\_\_\_ Return of Contributions Request and Waiver of Rights (*Additional Form for Vested Separated Employees Seeking a Refund (Employees with Over Five (5) Years Service)*)

\_\_\_\_\_ Special Tax Notice (*Notice to be given to All Separated Employees*)

\* The Administrator will normally receive final payroll from the City 2 to 4 weeks after your separation date. Once the Administrator receives the final payroll information from the City, it generally takes another 3 weeks for you to receive your refund of contributions. The check for the refund of contributions is sent via certified mail, return receipt requested.

### RETIREMENT

#### Forms to Retire

\_\_\_\_\_ Retirement Checklist – [What to Expect Upon Retirement](#)

\_\_\_\_\_ Application for Pension or Retirement (*Retirement or Disability*)

\_\_\_\_\_ Copy of Birth Certificate or Driver's License for Participant \*\*

\_\_\_\_\_ Copy of Birth Certificate or Driver's License for Joint Survivor\*\*

\_\_\_\_\_ Physician Report Form for Non-Service Disability (*Non-Service Incurred Disability Only*)

\_\_\_\_\_ Physician Report Form for Service Connected Disability (*Service Connected Disability Only*)

\_\_\_\_\_ Beneficiary Designation (*Update If Necessary*)

\_\_\_\_\_ Benefit Election Form (*Pension Option Selected After Processing of Benefit Calculation*)

\*\*If you are missing documentation when you DROP or retire, please submit your application prior to any deadlines. You should then provide the missing documentation in a timely manner.

#### Additional Forms to Begin Payment of Retirement Benefits and DROP Distribution

\_\_\_\_\_ Direct Deposit Form (*Direct Deposit of Pension Benefit to Checking Or Savings Account*)

\_\_\_\_\_ W-4P (*Tax Withholding Form for Pension Benefit*)

\_\_\_\_\_ Beneficiary Designation (*Update If Necessary*)

\_\_\_\_\_ Health Insurance Deduction Authorization (*Completed with the Risk Management Division*)

\_\_\_\_\_ DROP Account Distribution Form (*DROP Only*)

\_\_\_\_\_ Administrative Rule Governing Distribution of DROP (*DROP Only*)

\_\_\_\_\_ Special Tax Notice (*DROP Only*)

**Who should I call when I have questions?** You may contact the administrator by any of the following methods:

- Phone: (561) 624-3277 ❖ (800) 206-0116 ❖ Fax: (561) 624-3278
- Mail:

Pension Resource Center, LLC  
Attn: Sunrise General Employees Retirement Fund  
4360 Northlake Boulevard, Suite 206  
Palm Beach Gardens, FL 33410

- Web Site: [www.ResourceCenters.com](http://www.ResourceCenters.com)
- Email: [sunrisegeneral@resource-team.com](mailto:sunrisegeneral@resource-team.com)