

RETIREMENT STIMULUS ENROLLMENT PLAN CLASSIFIED EMPLOYEES

| Name: | Date of Birth: | |
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| Employee ID#: | School Site or Dept: | |
| Mailing Address: | | |

Select a plan option below:

RETIREMENT STIMULUS ENROLLMENT PLAN ELECTION

| Annual contribution of \$10,000 towards health and welfare benefits until 65 years of |
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| age, the age at which employee may be eligible for Medicare or Medicaid, or for a |
| maximum of five (5) years, whichever comes first. If the employee will not be 60 years |
| of age by June 30, 2018, the annual contribution will not extend through their 65th |
| birthday but they may still continue to purchase benefits from the District as long as |
| there is no lapse in eligible health benefit coverage administered by the District. If the |
| employee is over 65 years of age by June 30, 2018, the annual contribution will be |
| prorated in the fiscal year (July 1 - June 30) the employee turns 65, expiring at the end |
| of the month of their 65th birthday. Employee shall be eligible to select single, |
| two-party or family for any medical, dental and vision benefit package offered to |
| current employees in their employee group in addition to any benefit packages that |
| may be offered to retirees. |

| A one-time bonus incentive of \$25,000 payable in June 2 | | | | A one-time l | oonus incentive | of \$25,000 | pavable in | June 2018 |
|--|--|--|--|--------------|-----------------|-------------|------------|-----------|
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For either option selected above, the amount will be prorated for any employee whose shift is less than full time and regularly work less than forty (40) hours per week. Example, an employee who works six (6) hours a day for a total of thirty (30) hours a week would receive a prorated annual health and welfare contribution of \$7,500 OR a one-time bonus incentive of \$18,750. Extra duty and overtime shall not be used when calculating the proration.

RETIREMENT STIMULUS PLAN ACCEPTANCE

By signing below, I am electing voluntary enrollment in the Perris Union High School District's one-time Retirement Stimulus Plan offered to employees of the District or the California Military Institute. I have attached my irrevocable resignation or retirement form (located at www.puhsd.org/pages/hr-forms). I understand if the District determines that enrollment in the Retirement Stimulus Plan does not provide a financial savings based on the employees who choose to enroll, the District may rescind the plan on or before March 29, 2018. If the District chooses to rescind the Retirement Stimulus Plan, I may revoke my letter of resignation/retirement on or before April 9, 2018.

| Signature: | Date: |
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