



## COUNTY OF EL DORADO APPLICATION FOR RETIREMENT INCENTIVE PLAN

I, \_\_\_\_\_, am requesting to participate in the Retirement Incentive Plan being offered by the County El Dorado. I understand that my participation in the plan will be based on the criteria outlined in the Summary of Plan Provisions approved by the Board of Supervisors on [Date].

[ ] I am requesting the Retirement Incentive Plan and, if approved, will receive **\$2,500 per each year of service**, in an amount not to exceed \$50,000, applied to a Health Reimbursement Arrangement (HRA) with a separation date no later than **December 31, 2025**.

[ ] I am requesting the Retirement Incentive Plan and, if approved, will receive **\$2,000 per each year of service**, in an amount not to exceed \$50,000, applied to a Health Reimbursement Arrangement (HRA) with a separation date no later than **June 30, 2026**.

I understand that participation is voluntary; if approved to participate, I will need to sign a Voluntary Separation Agreement and Release, and that I may revoke my agreement in writing, and withdraw participation in this program, prior to my Separation Date. I also understand that the determination to either approve or deny this application is final and not subject to appeal or grievance.

Your Name (please print) \_\_\_\_\_

Department: \_\_\_\_\_

Classification: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_