

**City of Omaha Employees Retirement System (COERS)
Request for Refund of Pension Contributions**

(Please read and sign acknowledgment on reverse)

The Board of Trustees
City of Omaha Employees Retirement System
(COERS)
Omaha Douglas Civic Center, Suite 506
1819 Farnam Street
Omaha, NE 68183-0506

Request is hereby made for a refund of Contributions in accordance with the provisions of Section 22-39 or 22-37 of the Omaha Municipal Code for the period of employment shown on this form. (Funds will be distributed approximately ten working days after approval by the Board of Trustees.)

Name of Employee (please print)	Department	Social Security Number (of Employee)	Social Security Number (of Claimant, if Employee is Deceased)
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Reason for Refund	Term of Employment	Tax/Rollover Option for 414H Refund <small>(applies only to contributions made since 02/11/1996)</small>
<input type="checkbox"/> Transfer to Sworn <input type="checkbox"/> Resignation <input type="checkbox"/> End of Appointment <input type="checkbox"/> Dismissal <input type="checkbox"/> Death _____ <small>(date)</small> <input type="checkbox"/> Other _____	Starting Date _____ Ending Date _____	See special tax notice for more information. <input type="checkbox"/> Cash Payment. Mandatory 20% withholding for federal tax (& 5% NE tax for Nebraska residents). The federal government may also require a 10% early withdrawal penalty if under age 59 ½. <input type="checkbox"/> Rollover to the following qualified retirement account (e.g., traditional IRA). <i>(Provide name on account, account number, company, address, company telephone number, and acceptance letter that clearly identifies the type of account.)</i>

Mail Information (Must be Completed for 1099R)	Employee/Claimant Signature & Witness
Name	Employee/Claimant Signature _____ Date _____
Address	
City _____ State _____ Zip _____	I certify that I witnessed the signature of the person making this claim
Telephone Number _____	
	Witness Signature _____

Do Not Write Below	
Finance Department	Approved for Payment Yes _____ No _____
	Power of Attorney Yes _____ No _____
	Date _____
	Chair
Date _____	Secretary

Turn Over & Complete Other Side

REFUND OF PENSION CONTRIBUTIONS/VESTING PENSION CONTRIBUTIONS

Refund – To receive a refund of pension contributions during any given month, the following requirements must be met:

1. Your final pay must have been received by you before the pension Board meeting. The City of Omaha Employees Retirement System (COERS) Board of Trustees usually meets the third Wednesday of each month;
2. The completed refund request form must be received in the Human Resources Department no later than noon on the Friday preceding the Board meeting;
3. Your department must submit a status change form to the Records Division of the Human Resources Department no later than noon on the Friday preceding the Board meetings.

Vesting – Employees (1) hired before March 1, 2015, who have at least five years of pension service credit or (2) hired on or after March 1, 2015, who have received at least ten years of service credit are vested unless a refund is made. Vested individuals are entitled to a future pension benefit when the age requirement is met.

Former employees may, at any time prior to starting a pension, withdraw their pension contributions and/or interest pursuant to Omaha Municipal Code 22-39 and the union agreements. If a refund is made, all pension benefits from COERS are forfeited.

Health coverage is not provided by COERS. Former employees who are vested are not entitled to health coverage except as provided under the union agreement or COBRA provisions.

If a former employee deceases prior to commencing a pension, survivors need to contact the City of Omaha Benefits Division, Human Resources Department, 1819 Farnam Street, Suite 506, Omaha, NE 68183 for benefit information.

Vested employees are responsible for providing current mailing address information to the City of Omaha Benefits Division of the Human Resources Department.

I hereby request a refund of contributions from the pension system and understand that I lose the right to any future benefit under the City of Omaha Employees Retirement System (COERS) by this request (refund application on reverse side of this notice).

I understand that if I should become re-employed by the City of Omaha and re-eligible for membership in COERS that I will be considered a new member. New members participate in the Cash Balance Plan.

Signature

Date

Witness

Return to the City of Omaha Human Resources Department, 1819 Farnam Street, Suite 506, Omaha, NE 68183

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