

# MACOMB COUNTY

## Human Resources and Labor Relations Department

1 South Main Street, 6<sup>th</sup> Floor, Mount Clemens, MI 48043 • Phone (586)469-5280 • Fax (586)469-6795

### **RETIREMENT SERVICE REVIEW**

#### **Section 1: Member Information**

Print Name (Last, First, Middle Initial)		Employee ID	Department
Street Address	City, State and Zip Code		Daytime Phone No. (      )

#### **Section 2: Review Request**

<input type="checkbox"/> Name	<input type="checkbox"/> Retirement Plan Date
<input type="checkbox"/> Member Date of Birth	<input type="checkbox"/> Retirement Adjustment Date
<input type="checkbox"/> Address	<input type="checkbox"/> Pensionable Compensation: Year(s) _____
<input type="checkbox"/> Union	<input type="checkbox"/> Retirement Date
	<input type="checkbox"/> Annuity Withdrawal

#### **Section 3: Member Signature**

By submission of this form, Retirement Services will review the requested data in Section 2. Please allow approximately two (2) weeks for processing. If you have any questions, please contact Retirement Services at (586) 469-5113.

Member Signature	Date
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#### **Section 4: To Be Completed by Retirement Services**

Name <input type="checkbox"/> Correct <input type="checkbox"/> Incorrect	Retirement Plan Date <input type="checkbox"/> Correct <input type="checkbox"/> Incorrect
Member Date of Birth <input type="checkbox"/> Correct <input type="checkbox"/> Incorrect	Retirement Adjustment Date <input type="checkbox"/> Correct <input type="checkbox"/> Incorrect
Address <input type="checkbox"/> Correct <input type="checkbox"/> Incorrect	Pensionable Compensation <input type="checkbox"/> Correct <input type="checkbox"/> Incorrect
Union <input type="checkbox"/> Correct <input type="checkbox"/> Incorrect	Retirement Date <input type="checkbox"/> Correct <input type="checkbox"/> Incorrect
	Annuity Withdrawal <input type="checkbox"/> Correct <input type="checkbox"/> Incorrect
Reviewed By: _____	
Review Notice Sent: _____	