

TO: MONTEBELLO TEACHERS ASSOCIATION

FR: \_\_\_\_\_

SS# \_\_\_\_\_

Date of Separation from MUSD: \_\_\_\_\_

Mailing Address:

\_\_\_\_\_

Address

Apt. #

\_\_\_\_\_

City

State

Zip Code

\_\_\_\_\_

( )  
Phone Number

I hereby exercise my option to withdraw any and all eligible funds from the Montebello Teachers Association Retirement Supplemental Health Plan (hereafter referred to as the "Trust Fund") to which I may be entitled.

I hereby acknowledge that I am no longer an employee of the Montebello Unified School District and therefore am no longer eligible to participate in the Trust Fund.

I hereby acknowledge that retiring these funds from the Trust Fund results in my complete withdrawal from the Trust Fund and that neither the Trust Fund, the Trust Fund administrators or the Montebello Teachers Association can be held liable.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**NOTE:**

Refunds will be disbursed after the final payroll period that a member appears on a payroll roster, once employment status and contribution history has been verified and the employee's name officially appears on the Board Minutes as a non-rehire, resigning employee, retiring employee or the like.

=====**Official Use Only**=====

Number of Contributions Made: \_\_\_\_\_

Amount of Contributions Made: \_\_\_\_\_

Verified By: \_\_\_\_\_

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

Refund Check # \_\_\_\_\_

Refund Amount \_\_\_\_\_