

**KANSAS STATE UNIVERSITY
VOLUNTARY LIMITED RETIREMENT HEALTH CARE BRIDGE PROGRAM
FOR FACULTY/UNCLASSIFIED PROFESSIONAL**

TRANSMITTAL FORM

TO: Provost and Senior Vice President Mason

RE: Limited Retirement Health Care Bridge Request

Attached is a request for _____ to participate in the Voluntary Limited
NAME FACULTY/UNCLASSIFIED PROFESSIONAL
Retirement Health Care Bridge Program. _____ has completed _____
NAME FACULTY/UNCLASSIFIED PROFESSIONAL NUMBER
years of full-time service at K-State, is 55 years old or more (_____), and is not
DATE OF BIRTH
participating in the university's phased retirement program.

_____ submitted a request to retire and to participate in this program on
FACULTY/UNCLASSIFIED PROFESSIONAL
_____. The actual retirement date is _____.
DATE OF SUBMISSION

The undersigned have reviewed and recommend approval of this proposal:

Department Head/Director _____
Date

Dean/ Vice President _____
Date

APPROVED:

Provost and Senior Vice President _____
Date

Documentation must include the *unsigned* proposed Agreement with the lump-sum amount requested.

Please forward with Request Letter and Spreadsheet from HR (showing the estimated limited healthcare bridge cost) to the Office of Academic Personnel, 204 Anderson Hall.