

**Voluntary Separation Incentive Program
(VSIP) Notice of Interest**

Complete this form **no later than January 27, 2023**

If you need assistance completing this form, please email benefits@ksu.edu or call 785-532-6277

Personal Information			
Full Name:			
	<i>Last</i>	<i>First</i>	<i>M.I.</i>
Home Address:			
	<i>Street Address</i>		<i>Apt./Unit #</i>
	<i>City</i>	<i>State</i>	<i>Zip Code</i>
Birth Date:			
Planned Date of Separation:			
Appointment Information			
Employee ID:		Job Title:	
Department / Unit:		Supervisor:	
Work Email:		Work Phone: ()	
Beneficiary Information			
Name			
Relationship:		Address:	
Date of Birth:		SSN:	
Health Care Bridge			
For employees who will be under 65 and not Medicare eligible, do you wish to explore a health care bridge to provide retiree health insurance until age 65? <input type="checkbox"/> YES <input type="checkbox"/> NO			
<i>Please note that the value of the health care bridge will be calculated based on coverage at the time of separation and the value of the coverage will be deducted from the lumps-sum payment provided by the VSIP.</i>			

By signing below, I confirm I have read, understand, and agree to the following:

- I have read and understood the Kansas State University Voluntary Separation Incentive Program for Retirement (VSIP) application procedures and frequently asked questions. These resources are available at: <http://www.ksu.edu/hcs/vsip>.
- I understand that this VSIP Notice of Interest form does not guarantee or entitle my participation in the VSIP option, nor does it officially recognize my intent to retire.
- I understand that if I am selected and agree to participate in the VSIP, I will no longer be considered eligible for future merit increases.

- I understand that I continue to be subject to all applicable University codes, rules and regulations, policies, and procedures until I retire.
- I understand I must obtain approval to participate in the VSIP and complete appropriate forms and information, including a Notice of Retirement and a Separation Agreement with Waiver and Release, before I am entitled to receive any benefits from the VSIP.
- I also understand that if I am approved to participate in the VSIP and agree to the terms of the program, I am required to retire from Kansas State University on the VSIP retirement date chosen on this form, regardless of whether I sign the Separation Agreement or not.
- I understand that upon verification and approval of my participation in the VSIP I will receive information on the retirement process, submit my letter of retirement, and be given a copy of a Separation Agreement with Waiver and Release to review with an attorney and tax advisor of my choosing.
- I understand that I am required to sign the Separation Agreement with Waiver and Release **no later than May 1, 2023**.
 - I understand that if I choose not to execute or if I execute and then revoke the Separation Agreement within 7 days of my signature, I understand that I will not be eligible to receive any benefits from the VSIP program (including the monetary payout) and Kansas State University will continue to treat me as retired and I will still receive the retirement benefits available to retirees per established University policies, plans, and procedures.
[https://www.k-state.edu/hcs/benefits/retirement/.](https://www.k-state.edu/hcs/benefits/retirement/)

Employee Signature

Date