



I understand and acknowledge that if I terminate employment and receive or begin to receive any type of distribution from the University of Nebraska Basic Retirement, Pre 1990 Basic Retirement, Supplemental Retirement, or Deferred Compensation Retirement plans (the "Retirement Plans"), I will not be reemployed in _____ by the University of Nebraska or any University controlled entity within 12 months from the date of separation. This includes any full time, part time, temporary, or on call employment position. "University controlled entities" include Holland Computing Center, Nebraska Innovation Campus Development Corporation, Peter Kiewit Institute Technology Development Corporation, UNeHealth, UNeMed Corporation, University Dental Associates, University of Nebraska Facilities Corporation, University Technology Development Corporation, UNL Technology Development Corporation, UNMC Physicians, and UNMC Science Research Fund.

Limited exceptions to this policy are:

Individuals age 62 and older who separate and access Basic Retirement or Pre 1990 Basic Retirement Plan accumulations may be reemployed within the 12 month period in a position of .5 FTE or less; however, they may not increase their FTE to .5 or more for this separation or effective date of the FTE change.

entity, such as death or illness of another employee that requires reemployment of the individual within the 12 month period.
 is age 59½ and older

I understand and acknowledge that if I apply for a distribution from the Basic Retirement or Pre 1990 Basic Retirement Plan accounts after I have attained age 62 and my FTE has been reduced to .5 FTE or below and is expected to remain below .5 FTE for at least 12 months, my FTE cannot increase above .5 FTE for a period of 12 months following the effective date of the FTE change.

I understand and acknowledge that the Retirement Plans may not make a distribution to me due to termination of employment if I am employed by the University of Nebraska or any University controlled entity at the time of the distribution. By signing below, I certify that if I am requesting a distribution on account of termination of employment, I am not currently employed by the University of Nebraska or any University controlled entity in a full time, part time, temporary, or on call status at the time of distribution. I further understand that making a false or misleading statement concerning any of the foregoing is grounds for discipline up to and including termination of employment.

 Name (print please)

 Date

 Signature

 University ID Number