



## RETIREMENT NOTIFICATION

If you are planning to retire in the next **60 days** please complete this form and send to MEA. Upon receipt MEA staff will send you a retirement packet with all forms and materials you will need to become a retired member of MEA and continue with many of MEA's valuable member benefits.

Name: \_\_\_\_\_

Employee/Payroll ID: \_\_\_\_\_

Planned Retirement Date: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Home Email: \_\_\_\_\_

Signature: \_\_\_\_\_

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

Please return this form to MEA via Fax at  
(619) 821-8925, No cover sheet needed.  
You may also scan and email to  
[benefits@sdmea.org](mailto:benefits@sdmea.org).