

### Retired Employee Acknowledgement Form

Retiree Name:	
Date of Birth:	
Last four digits of your SSN:	

The following information is needed for your account to be reviewed to receive a retired employee discount. Retired employees must meet certain criteria in order to be eligible to receive a discount at the University of Mississippi Medical Center. By completing and signing this form, you are attesting that all the information below is accurate to the best of your knowledge.

Retiree's Date of Retirement: \_\_\_\_\_

Were you employed at one of the following:

The University of Mississippi Medical Center (UMMC) \_\_\_\_\_  
 The University of Mississippi (Ole Miss) \_\_\_\_\_

Are you currently a member of the State of Mississippi's Health Plan?

Yes \_\_\_\_ No \_\_\_\_

Are you receiving PERS Retirement benefits?

Yes \_\_\_\_ No \_\_\_\_

Are you receiving your retirement benefits from the State's Optional Retirement Plan?

Yes \_\_\_\_ No \_\_\_\_

What was your employee ID Number? \_\_\_\_\_

\_\_\_\_\_  
 Signature

\_\_\_\_\_  
 Date

Please complete this form and fax it to Customer Service at 601-496-9861, or mail it to the address below. Completing and faxing this form does not guarantee that your account is receiving a discount, but your account will be reviewed for eligibility. A discount will be applied to your account once all the provided information has been verified by our Customer Service Team. To contact Customer Service and inquire about your completed and faxed form, please call 1-844-838-4871.