



# Notification of the Decision to Retire (PEN-1)

Effective the First Day of \_\_\_\_\_, \_\_\_\_\_ GE Identification # (SSO): \_\_\_\_\_  
(Month) (Year)

Employee Name: \_\_\_\_\_  
(First Name) (Middle Initial) (Last Name)

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Executive Band or Former Executive Band: Yes \_\_\_\_ No \_\_\_\_

Home Address: \_\_\_\_\_  
(Street) (City) (State) (Zip)

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Are You Disabled? Yes \_\_\_\_ No \_\_\_\_ Is Spouse Disabled? Yes \_\_\_\_ No \_\_\_\_

Marital Status (circle one): Single / Married / Same Sex Domestic Partner Marriage Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Spouse Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Spouse Name: \_\_\_\_\_

US Citizen: Yes \_\_\_\_ No \_\_\_\_ If No, do you reside outside the US: Yes \_\_\_\_ No \_\_\_\_

**Retirement Plaque: If you would like a retirement plaque, please contact the GE Pension Benefits Inquiry Center at 1-800-432-3450.**

**NOTE: Along with this form please submit a copy of your birth certificate. In addition, please provide the following documents, if applicable:**

- If married: copies of spouse birth certificate or spouse driver's license, marriage certificate and spouse Social Security number;
- If Same Sex Domestic Partner: copy of GE affidavit; or
- If Same Sex Domestic Partner in VT: copy of Civil Union Document. Legible copies are acceptable.

- Once we receive your form, we will notify you (via e-mail or letter) to begin the eRetire process, if eligible. If you are not eligible to use eRetire, a retirement package will be mailed to you within 7-10 days. Please be advised that eRetire email notifications and retirement packages cannot be sent out more than 3 months before the effective date of your retirement.

- To ensure that payment begins on your retirement date, be sure to complete and submit your elections 30 days before your retirement date.

**RETURN FORM AND REQUIRED DOCUMENTS TO: GE Payroll & Benefits, PO Box 60080, Fort Myers, FL 33906-6080  
OR FAX TO: 1-(239) 275-2456**

### FOR HR USE ONLY

Please choose the retirement option that applies:

- |  |  |
|--|--|
| <input type="checkbox"/> Normal Retirement (Age 65 or older) | <input type="checkbox"/> SERO (Special Early Retirement Option)      |
| <input type="checkbox"/> Optional Retirement (Age 60-64)     | <input type="checkbox"/> SERO '30' (Special Early Retirement Option) |
| <input type="checkbox"/> Insurance Only                      | <input type="checkbox"/> PCPO (Plant Closing Pension Option)         |

Voluntary Retirement Incentive Program (VRIP): Yes \_\_\_\_ No \_\_\_\_

Plant Closing: Yes \_\_\_\_ No \_\_\_\_ If Plant Closing, ACTUAL last day employee is scheduled to WORK: \_\_\_\_/\_\_\_\_/\_\_\_\_

Restructuring: Yes \_\_\_\_ No \_\_\_\_ If Restructuring, program name: \_\_\_\_\_

SERO Retirements check one: Direct Impact \_\_\_\_ Substitution \_\_\_\_

+HR Approver Signature: \_\_\_\_\_ +Finance Approver Signature: \_\_\_\_\_

\*\*Fairfield Approver Signature: \_\_\_\_\_

+Required if SERO, SERO '30' or PCPO \*\*Required if SERO '30'