

**City of Portland  
Voluntary Retirement Incentive Program (VRIP)  
Participation Agreement Application**

By signing and submitting this participation agreement application you are certifying that the following statements are true and acknowledge that falsification will result in forfeiture of participation in the Voluntary Retirement Incentive Program (VRIP). This agreement must be submitted to your supervisor no earlier than April 11, 2013 or later than May 10, 2013.

1. You are a permanent employee with 5 or more full years service with the City.
2. You are eligible to retire under PERS or FPDR.
3. You intend to retire on or before June 30 2013 (with an effective retirement date of July 1, 2013 or before) and have contacted the appropriate agency (PERS or FPDR) to initiate the retirement process.
4. Your letter of resignation with an effective date of no later than June 30, 2013 is attached to this application agreement.
5. I acknowledge retirement is voluntary and that the City has work available to me.

Upon receipt of this application agreement your bureau will determine whether to offer the retirement incentive to you. If approved for participation and IN CONSIDERATION of your resignation and agreement, you will not seek re-employment with the City in any capacity for two years including as an employee, contractor, or subcontractor. On your last day of employment your bureau will contribute \$20,000 into a Health Reimbursement Account (HRA) managed by the Bureau of Human Resources, Benefits and Wellness Office, for your use for qualified medical expenses until all sums have been dispersed or your plan has otherwise terminated.

Your letter of resignation may be rescinded at any time up until you are approved in writing for participation in the VRIP. Once approved for participation, your letter of resignation will be accepted by your bureau and may not be rescinded by you.

\_\_\_\_\_  
Employee signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Employee printed name

Approved for participation by:

\_\_\_\_\_  
Bureau Director

\_\_\_\_\_  
Date

Copy: Benefits/Wellness Office (I/O Mail: 106/404)