

RHINEBECK CENTRAL SCHOOL DISTRICT
Retiree Personal Information Form

DATE: _____

Name: _____
(Retired Employee)

Spouse's Name: _____

Retirement Date: _____

Address where you reside: _____

Phone #: _____

Email: _____

☐ Please check this box if there are any changes.

=====

Complete if you have Family Medical Coverage

Is spouse retired? ☐ Yes ☐ No

Date of spouse's
Retirement: _____

Name of company spouse retired from or is still employed with:

Is your spouse receiving Medicare reimbursement from his/her employer?
☐ Yes ☐ No

Address where spouse resides: _____
(If different) _____

Please contact the Business Office prior to your 65th Birthday. The Rhinebeck Central School District reimburses retirees twice a year for their cost of Medicare Part B. The District does require every year a copy of the letter from Social Security that has your monthly premium amount on it or a copy of the Notice of Medicare Premium Payment Due.

Signature

The District will use this information to maintain current personnel records. Any changes during the course of the year, i.e., address, phone number, etc... must be submitted in writing to: Rhinebeck Central School District, P.O. Box 351, Rhinebeck, NY 12572. If you have any questions, please contact Tamisha Greenhill at (845) 871-5520, Ext 5532.

OVER————→

Third Party Notification:

For your safety and convenience, you may designate a Third Party who is authorized to speak with the District on your behalf, if you are unable to do so.

In order to make use of the Third Party Notification, please fill out the form below:

YOUR INFORMATION

Your Name	
Your Address	
City, State, Zip	
Phone #	

THIRD PARTY INFORMATION

Name	
Address	
City, State, Zip	
Phone #	
Relationship to You	
May Speak on Your Behalf	<input type="checkbox"/> Yes <input type="checkbox"/> No

Your Signature _____ **Date** _____

If someone is administering your financial affairs other than the Third Party listed above under a Power of Attorney, the District must be provided with a copy of the Power of Attorney form.

Return this form to:

**Rhinebeck Central School District
Attn: Tamisha Greenhill
P.O. Box 351
Rhinebeck, NY 12572**

**Questions - (845) 871-5520 Ext. 5532
tgreenhill@rhinebeckcsd.org**