CO-OP RETIREMENT PLAN
NOTIFICATION OF LEAVE OF ABSENCE, STRIKE, OR LAYOFF

TO: Co-op Retirement Plan, P.O. Box 169005, Kansas City, MO 64116-9005

FROM: _____ Date _____

_____

_____

_____

Instructions: Complete the appropriate section below by placing check marks in the boxes and completing the blank spaces. Complete Section I if employee is going on a leave, strike, or layoff. If the employee is going on an authorized Leave of Absence complete Section II at that time. * After completion send a copy to the Plan office. Keep a copy for your records. When the employee returns at that time, complete Section III. After completion of Section III send a copy to the Retirement Plan. Keep a copy for your records.

Section I -- ☐ Notification of Departure.

☐ Leave of Absence (Complete Section II) ☐ Military Leave of Absence (Completer Section II)
☐ Strike ☐ Layoff

Our employee _____ left work on

_____. Social Security _____
(Date)

_____
Signature of General Manager or Personnel Manager

Section II - Applicable to Leave of Absence only

Employees on an authorized Leave of Absence can choose to pay into the Plan any contributions they missed for those months they are absent. The employee should indicate his choice by placing a check in one of the boxes below:

☐ I do not want to make up the contributions for the period covering my leave of absence. I understand that no retirement credits will accrue during my absence if my contributions are not paid.

☐ I do want to make up the contributions for the period covering my leave of absence. I understand the repayment must be made in one lump sum. I understand that retirement credits will accrue during my absence when my contributions are paid.

_____
Employee's Signature

Note: If the employee chooses to repay the missed contributions, the Plan, upon notification, will bill both the employee and the employer after the employee has returned to work.

Section III - ☐ Notification of Return

☐ Leave of Absence ☐ Military Leave of Absence ☐ Strike ☐ Layoff

Our employee _____ returned to

active employment on _____. Social Security_____

_____
Signature of General Manager or Personnel Manager

*This is in compliance with the Plan Document Sub-section 4.5