MidAmerica
Administrative & Retirement Solutions, Inc.

The Key Postemployment Benefit Trust

Distribution Election Form

Employer (District) Name: _____

EMPLOYER DATA:

Tax ID Number:	Contact Name:
Address:	
City:	Phone #: ( )
State/Zip:	Fax #: ( )
	E-Mail:

TRUST DISTRIBUTION TYPE:

I hereby make the following election [elect one of the options set forth below, and choose Regular or Categorical for that option]:

$_____ Payee: _____
(Check payable to)

Address: _____

_____
(Mail check to)

CHECK ONE OPTION:

☐ OPTION 1 – **OPEB** *(Retiree healthcare (medical, dental, vision, long-term care) and life insurance benefits.)*
- ☐ Regular
- ☐ Categorical

☐ OPTION 2 – **NON-OPEB** (*Retiree stipend and other cash payments not included in state pension plan.)*
- ☐ Regular
- ☐ Categorical

CERTIFICATION:

I hereby certify that the requested reimbursement is for eligible expenses pursuant to our Trust agreement.

Authorized by:

_____ _____ _____
Signature **Title** **Date**

Please forward this completed form to: MidAmerica Administrative & Retirement Solutions, Inc.
211 East Main Street, Suite 100, Lakeland, FL 33801
FAX: 863.688.4200 ◆ Toll-Free: 800.430.799