

**Swartz Creek Community Schools**

8354 Cappy Lane  
Swartz Creek, MI 48473  
(810) 591-2300 FAX: (810) 591-2784  
EMAIL: orsrefund@swcrk.org

**RETIREEES OR FORMER SC EMPLOYEES** who worked between July 2010 and September 2012, had the 3% healthcare fund withheld from your paycheck **AND** you are **NO LONGER AN EMPLOYEE**, please complete and submit this form. (Address, email, and fax listed above.)

Employee Name:  SSN:

Address:

City, ST & Zip Code

Phone Number:

\*\*If your legal name was **DIFFERENT THAN LISTED ABOVE** at time of employment (2010-2012), please list your name (as it would be in our system) and submit a copy of your driver's license and social security card that reflects your current legal name.

**NAME AT TIME OF EMPLOYMENT:** \_\_\_\_\_