

Enrollment Form for The Academy at Johns Hopkins

A. General

Name: _____

Mailing Address: _____

Office number/address: _____

Email: _____

Phone: _____

Title: _____

Academic Department: _____

B. Plans for Retirement

Have you signed a retirement agreement in the Dean's office? Yes No

~~~~~~~~~ If yes, what is the date of your retirement? \_\_\_\_\_

~~~~~~~~~ Would you like to set up an appointment to discuss \_\_\_\_\_  

C. Academy Participation

Academy Professors are required to continue a program of research or scholarship throughout their period of membership. Please describe the program you plan to undertake for the first three years of your participation.

By signing this Enrollment Form, you acknowledge the conditions of membership in the Academy as expressed in the Academy Faculty Handbook, including the requirement of active participation in Academy activities and continued pursuit of a program of research or scholarship.

D. Health Care Incentive Stipend

If you are interested in enrolling in the Health Care Incentive Stipend, please complete the section below:

My date of employment: _____

My date of birth: _____

If you are enrolling in the full 10 years of the benefit available under the phase-in period, you must enroll between the dates of December 1, 2011 through June 1, 2012, and your date of retirement must be no later than July 1, 2012.

If you enroll after June 1, 2012, the applicable benefit period for the Health Care Incentive Stipend will be based upon your age at your date of retirement.

All Academy faculty enrolled in the Health Care Incentive Stipend must maintain active participation in the activities of the Academy and pursue their plan of research in order to receive the stipend.

Stipends are paid semi-annually in two lump sums [on December 31 and June 30], beginning after the first six months of the first year of appointment and participation in The Academy. The stipend is taxable income to the individual Academy faculty member and will be reported to the IRS on Form 1099.

E. Agreement

By signing below, I agree that I am voluntarily retiring from my full-time position at The Johns Hopkins University on the date that I have indicated in this form. In addition to the benefits I am eligible for on retirement from The Johns Hopkins University, I am electing to be appointed to the faculty of The Academy at Johns Hopkins. My appointment to the Academy is subject to the terms and conditions spelled out in the Academy Faculty Handbook and this Enrollment Form. I agree that as a condition of receiving the benefits of membership in The Academy at Johns Hopkins, I will actively pursue a plan of research or scholarship, participate in the activities of the Academy, and report my activities annually to the governing board of the Academy.

Signature

Date

Please fill out this form and email it to KSASacademy@jhu.edu, or fill out, print, and deliver it to the Dean's Office in Mergenthaler Hall.

JOHNS HOPKINS
UNIVERSITY