



Preparing to Apply for Retirement Public School Employees

Use this checklist to help gather information needed for your retirement application.

Please note this is *not* your retirement application, it's a tool to help you prepare when applying.

1. Get Prepared

Register at www.michigan.gov/orsmiaccount if you haven't already. You'll need your Member ID. Done

Log in and complete the following:

Update Your Beneficiaries and Dependents. Done

Run an Estimate for your pension. Done

Connect to a printer. Done

2. Gather Your Information and Make Your Choices

Termination Date. Your last day of work: _____ Done

Pension Option. Select your pension option: _____ Done

If you're choosing a survivor pension option, who will be your pension beneficiary? Done

_____	_____	_____
Name	Birthdate	SSN

If you're selecting the equated plan, you must have an age 62 social security estimate available. Done

Insurances. Enrolling in retirement insurances, who do you plan to cover? List additional dependents on pg 2.

_____	_____	_____
Name	Birthdate	SSN

_____	_____	_____
Name	Birthdate	SSN

Which insurance coverage/carrier? Done

- Blue Cross Blue Shield of Michigan (BCBSM) *with* prescription coverage
- Blue Cross Blue Shield of Michigan (BCBSM) *without* prescription coverage
- HMO – prescription coverage is part of the plan
- Dental coverage
- Vision coverage

What day does your employer insurance coverage end? Last day: _____ Done

Identify anyone who will be eligible for Medicare when your insurance coverage starts. Done

_____	_____	_____	_____
Name	Medicare Claim #	Part A Effective Date	Part B Effective Date

_____	_____	_____	_____
Name	Medicare Claim #	Part A Effective Date	Part B Effective Date

Federal and State Withholding. Determine your tax withholding status: Done

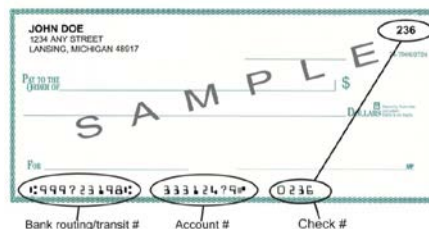
Federal: Single
 Married
 Married, withhold at single rate
 Number of exemptions _____

Michigan: Single
 Married
 Married, withhold at single rate
 Number of exemptions _____

Direct Deposit.

Bank routing number _____ Checking

Account number _____ Savings



Done

Preparing to Apply for Retirement (continued)

Insurances. Additional Dependents.

Name	Birthdate	SSN
Name	Birthdate	SSN
Name	Birthdate	SSN
Name	Birthdate	SSN
Name	Birthdate	SSN
Name	Birthdate	SSN
Name	Birthdate	SSN
Name	Birthdate	SSN

Additional dependents eligible for Medicare when your insurance coverage starts.

Name	Medicare Claim #	Part A Effective Date	Part B Effective Date
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Name	Medicare Claim #	Part A Effective Date	Part B Effective Date
Name	Medicare Claim #	Part A Effective Date	Part B Effective Date
Name	Medicare Claim #	Part A Effective Date	Part B Effective Date
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