



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 miAccount at **Michigan.gov/ORSmiAccount** if you haven't already. You'll need your member ID.

Log in and complete the following:

- Update your beneficiaries and dependents.
- Run a pension estimate.
- Connect to a printer.

2. Gather Your Information and Make Your Choices

- Termination Date (your last day of work): _____
- Pension payment option: _____
- If you're choosing a survivor pension option, who will be your pension beneficiary? _____

Name _____ Birthdate _____ SSN _____

- If you're selecting the equated plan, you must have an age 62 Social Security estimate available
- If you're enrolling in retirement insurances, who do you plan to cover? List additional dependents on Page 2.

Name _____ Birthdate _____ SSN _____

Name _____ Birthdate _____ SSN _____

Which insurance coverage/carrier(s) do you plan to choose?

- 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: _____

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

Name _____ Medicare Number _____ Part A Effective Date _____ Part B Effective Date _____

Name _____ Medicare Number _____ Part A Effective Date _____ Part B Effective Date _____

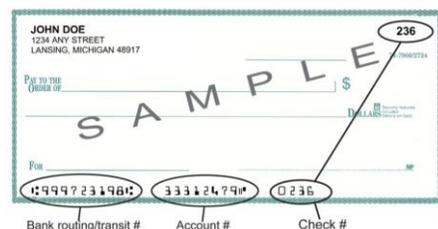
Federal and State Withholding. Determine your tax withholding status:

- Federal: No withholding Single Married Married, withhold at single rate
Number of exemptions _____
- Michigan: No withholding Single Married Married, withhold at single rate
Number of exemptions _____

Direct Deposit.

Bank routing number _____ Checking

Account number _____ Savings



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Insurances. Additional Dependents.

Name	Birthdate	SSN

Additional dependents eligible for Medicare when your insurance coverage starts.

Name	Medicare Number	Part A Effective Date	Part B Effective Date
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Name	Medicare Number	Part A Effective Date	Part B Effective Date
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