



MICHIGAN OFFICE OF RETIREMENT SERVICES

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Preparing to Apply for Retirement – For State Employees in the Defined Benefit Plan

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 in 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 Social Security number (SSN)

- If you're selecting the equated plan, what is your monthly age 62 Social Security benefit amount? Print your Social Security Statement at SSA.gov and submit it with your retirement application.
- 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 *with* prescription coverage
- Blue Cross Blue Shield of Michigan *without* prescription coverage
- HMO – prescription coverage is part of the plan
- Dental coverage
- Vision coverage

Identify anyone who will be eligible for Medicare as of your insurance start date.

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 or Married filing separately
 Married filing jointly or Qualifying surviving spouse
 Head of household (Check only if you're unmarried and pay more than half the costs of keeping up a home for yourself and a qualifying individual.)

- Michigan: No Withholding
 Single
 Married, joint return
 Married (withhold the same as "Single")
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 as of your insurance start date

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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