



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 Number	Part A Effective Date	Part B Effective Date
_____	_____	_____	_____

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

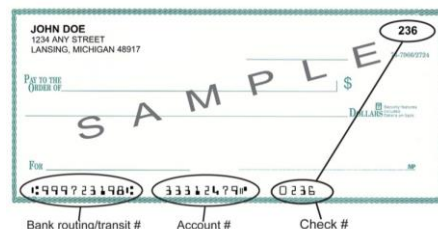
Federal and State Withholding. Determine your tax withholding status: Done

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

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