



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
_____ 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 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
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