



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)
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- ☐ 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
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Name	Birthdate	SSN
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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
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Name	Medicare Number	Part A effective date	Part B effective date
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Federal and State Withholding. Determine your tax withholding status:

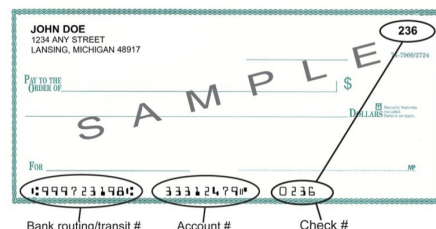
- Federal: ☐ **No Withholding**
- ☐ **Single** or **Married filing separately**
- ☐ **Married filing jointly** or **Qualifying surviving spouse**
- ☐ **Head of household** (Check only if you're unmarried and pay more than half the costs of keeping up a home for yourself and a qualifying individual.)

- 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



Preparing to Apply for Retirement

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
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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