



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

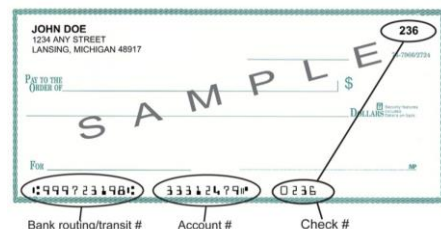
Name Medicare Number Part A Effective Date Part B Effective Date

Federal and State Withholding. Determine your tax withholding status:

- Federal: No Withholding **Single or Married filing seperately** **Married filing jointly or Qualifying widow(er)** **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 Married, withhold at single rate
- 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 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
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