MICHIGAN OFFICE OF RETIREMENT SERVICES P.O. Box 30171 · Lansing, MI 48909-7671

Preparing to Apply for Retirement Public School Employees

this checklist to help gather informati			
ase note this is not your retirement application			
Get Prepared			
Register at miAccount at Michigan.gov/OI	RSmiAccount if v	/ou haven't already. You'l	need vour member ID.
Log in and complete the following:	· · · · · · · · · · · · · · · · · · ·	,,	······································
Update your beneficiaries and dependents.			
Run a pension estimate.			
Connect to a printer.			
·	ur Chaissa		
Gather Your Information and Make You	Ir Choices		
Termination Date (your last day of work):			
Pension payment option:			
□ If you're choosing a survivor pension option	ı, who will be your	pension beneficiary?	
Name	Bir	thdate	SSN
\Box If you're selecting the equated plan, you mu	ust have an age 6	2 Social Security estimate	e available
$\hfill\square$ If you're enrolling in retirement insurances,	who do you plan	to cover? List additional d	ependents on Page 2.
Name	Bir	thdate	SSN
Name	Bir	thdate	SSN
Which insurance coverage/carrier(s) do you pla	n to choose?		
Blue Cross Blue Shield of Michigan (BCBS		on coverage	
□ Blue Cross Blue Shield of Michigan (BCBS	,	-	
		iption coverage	
HMO – prescription coverage is part of the	pian		
Dental coverage	pian		
 Dental coverage Vision coverage 			
Dental coverage		y:	
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Bank routing/transit #	Account #	Check #

Preparing to Apply for Retirement

Insurances. Additional Dependents.

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

