

## Retirement Information Checklist

- Enrolled in the BCBS Medical Insurance \_\_\_\_\_
- Qualified for the Retiree Health Insurance Benefit, completed BEN-F032 \_\_\_\_\_
  - Type of Plan \_\_\_\_\_
  - Your termination Date \_\_\_\_\_
  - Spouses Termination Date \_\_\_\_\_
- Staying on BCBS Medical Insurance, paying full cost \_\_\_\_\_
  - Type of Plan \_\_\_\_\_
  - Your termination Date \_\_\_\_\_
  - Spouses Termination Date \_\_\_\_\_
- Enrolled in the BCBS Dental Insurance \_\_\_\_\_
  - Enrolling in the Dental Cobra \_\_\_\_\_
  - Type of Plan \_\_\_\_\_
  - Termination Date \_\_\_\_\_
- Enrolled in the Vision Plan \_\_\_\_\_
  - Enrolling in the Vision Cobra \_\_\_\_\_
  - Type of Plan \_\_\_\_\_
  - Termination Date \_\_\_\_\_
- Coverage as an active employee will terminate effective September 1<sup>st</sup>, retiree or Dental COBRA coverage will go into effect September 1<sup>st</sup>.
- Elected ACH Debit? \_\_\_\_\_ If yes the first ACH debit will occur on September 5<sup>th</sup> for the following amount \_\_\_\_\_
- Qualified for the \$7,000 Life Insurance Policy? \_\_\_\_\_  
Completed the Beneficiary Form \_\_\_\_\_

You will receive your TCRS pension check on the last working day of each month. If you have elected to be paid on a 12 month basis and retired at the end of a school year you will continue to receive payments from CMCSS through August 5<sup>th</sup>.

POC: TCRS 1-800-770-8277

CMCSS Benefits Office: 920-7919 / 920-7810 / 920-7929

I have reviewed and understand the documents provided to me today in regards to my retirement and benefits.

\_\_\_\_\_  
Signed

\_\_\_\_\_  
Date