# University of Colorado (CU)
# Preparing to Retire Worksheet

## INSTRUCTIONS – Please read carefully

1. Review the Preparing to Retire Booklets located on the ˘° ³ˉ²¼¨ &¨µł˧¨¶ website
   www.cu.edu/¨¶
2. Make an appointment to meet with a Benefit #µ²©¶˧²±¤ˉ - 303.860.4200, option 3; email us at benefits@cu.edu.
3. Complete the entire form, sign, and date.
4. Review that the information you have provided is complete and accurate.

## EMPLOYEE INFORMATION

| | | |
|---|---|---|
| Name (Last)        (First)        (Middle Initial) | | HRMS Employee ID Number |

| | | |
|---|---|---|
| Date of Birth | Age at Time of Retirement | Spouse/SGDP's Current Age |

| | | |
|---|---|---|
| Home Telephone | Campus Dept Administrator | Payroll Liaison's Phone Number |

## RETIREMENT CLASSIFICATION (check one box only)

☐ 401(a) Optional Retirement Plan (ORP)

☐ Public Employees' Retirement Association (PERA)

## RETIREMENT ELIGIBILITY INFORMATION

| | | |
|---|---|---|
| CU Hire Date | CU Retirement Date | Number of Retirement-Eligible Years of CU Service |

| | |
|---|---|
| Effective date of Retiree Benefits | Percent of CU Contribution for Premiums |

## BASIC and OPTIONAL LIFE INSURANCE

| | Amount of Active Employee Coverage | Amount Eligible to take into Retirement | Amount of Retiree Coverage Elected | Retiree Coverage Not Elected |
|---|---|---|---|---|
| Basic Life | $ | $ | $ | ☐ |
| Optional Life | $ | $ | $ | ☐ |

## PREMIUM PAYMENTS

If you elect to enroll in Retiree Benefits, you will receive a billing statement each month detailing the cost of your benefit plans, unless you choose to suppress the mailing of a paper statement.  The University also offers an [Electronic Funds Transfer (EFT)](#) option for retirees/surviving spouses electing automatic withdrawal from a designated bank account. Premium payments are due by the end of the month in which you receive your billing statement.  Failure to pay premiums by the established due date will result in termination of coverage.

## AUTHORIZATION and SIGNATURE – READ, SIGN and DATE

I certify that:
1. I am a participant in the University of Colorado's 401(a) Optional Retirement Plan (ORP) or in the Public Employers' Retirement Association (PERA).
2. I understand that if I am a PERA retiree and I waive my benefits or fail to enroll in benefits within 31 days of my retirement date, I waive all rights to university benefits from this point forward.
3. I am terminating my active employment with the University of Colorado for the purpose of retirement.
4. To the best of my knowledge, the information contained in this document is accurate for purposes of calculating years of eligible University of Colorado service for retirement.
5. .  ES has given me an opportunity to provide additional employment data that is not contained in the University of Colorado's HR &¼¨°  .
6. I have provided all additional employment data to the University of Colorado for purposes of retirement benefits eligibility.
7. I agree to abide by the eligibility, enrollment, and election procedures for my University of Colorado benefits as outlined in this form and on the ˘S website.

**Note:**  The information contained in this form is used to determine benefit eligibility and premium payment.  Inaccurate information may affect benefit eligibility and premium payment.  You are responsible for ensuring the information contained herein is complete and accurate.  Changes to information contained herein must be submitted within 31 days of your retirement date. Changes submitted after your retirement date will be reflected in your next premium payment and will not apply retroactively.  Any unpaid premium balance owed will be sent to the State of Colorado collection office.

_____

Retiree's Signature                                                                                         Date


_____

Benefit Counselor's Signature                                                                        Date

## How to Return Your Form

| **By Mail** | **By Fax** | **In Person** |
|---|---|---|
| Make a copy for your records and send the original to:<br>    University of Colorado<br>    ˘°  ³ ˉ²¼¨ Services<br>    1800 Grant Street, Suite 400<br>     Denver, CO 80203 | 303-860-4299<br>Keep a copy of the fax transmission report with your form for your records. | Bring your completed original form with any other retiree forms needed, make copies for your records and bring all forms to ES. The receptionist will date stamp both your original form and your copy. ES will keep the original(s). |

**FOR ˘S OFFICE USE ONLY**

| Date Processed: | Department Number: | Job Code: |
|---|---|---|
| Retirement Benefits Eligibility Date: | Position Number: | Processed By: |

Revised