



Preparing to Retire Worksheet

INSTRUCTIONS – Please read carefully

1. Review the Preparing to Retire Booklets [on the Employee Services website](#).
2. Make an appointment to meet with a benefits professional by calling 303-860-4200, option 3, or emailing us at benefits@cu.edu.
3. Complete the entire form, and sign and date it.
4. Review the information you have provided to ensure it is complete and accurate.
5. Return this form and any necessary supporting documentation to Employee Services **one month** before your retirement date.

EMPLOYEE INFORMATION

Name (Last)	(First)	(Middle Initial)	Employee ID Number
Date of Birth	Age at Time of Retirement	Spouse's/SGDP's Current Age	
Home Phone	Campus Dept Administrator	Payroll Liaison's Phone	

RETIREMENT CLASSIFICATION (check one box only)

- University of Colorado 401(a) Retirement Plan
- Public Employees' Retirement Association (PERA) Retirement Plan

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	\$	\$	\$	<input type="checkbox"/>
Optional Life	\$	\$	\$	<input type="checkbox"/>

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 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) Retirement Plan or in the Public Employees' Retirement Association (PERA) Retirement Plan.
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. Employee Services has given me an opportunity to provide additional employment data that is not contained in the University of Colorado's HCM.
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 Employee Services 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

Make a copy for your records and send the original to:
University of Colorado
Employee Services
1800 Grant St., Suite 400
Denver, CO 80203

By Fax

303-860-4299
Keep a copy of the fax transmission report with your form for your records.

In Person

Bring your completed original form with any other retiree forms needed, make copies for your records and bring all forms to Employee Services. Staff will date stamp both your original form and your copy. Employee Services will keep the original(s).

FOR EMPLOYEE SERVICES OFFICE USE ONLY

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