



## Preparing to Retire Worksheet

### INSTRUCTIONS – Please read carefully

1. Review CU's [Preparing to Retire booklets](#).
2. Make an appointment to meet with a benefits professional by calling 303-860-4200, option 3, or by emailing [benefits@cu.edu](mailto:benefits@cu.edu).
3. Complete the entire form, and sign and date it.
4. Review that the information you have provided 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 Current Age
Home Phone	Campus Dept. Administrator	HCM User's Phone Number	

### 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.



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## EMPLOYEE SERVICES

**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 Professional'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: