University of Colorado
Boulder | Colorado Springs | Denver | Anschutz Medical Campus

University of Colorado (CU)
Preparing to Retire Worksheet

INSTRUCTIONS – Please read carefully

1. Review the Preparing to Retire Booklets located on the $Ô×ÓÖàÌÌ2ÌÙÝÐÊÌÚ website www.cu.edu/ÌÚ
2. Make an appointment to meet with a Benefit /ÙÖÍÌÚÚÐÖÕÈÓ - 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 HR2àÚÛÌÔ.
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
Make a copy for your records and send the original to:
University of Colorado
$Ô×ÓÖàÌÌ Services
1800 Grant Street, 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 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: