Retirement Checklist

Proof of Eligibility (copies, and if in another language, must be translated with notarized affidavit of translation)	
E	Employee Birth Certificate
Sı	pouse/Contingent Annuitant Birth Certificate
N	Marriage Certificate, Civil Union Certificate
В	Birth Certificate for each child to be enrolled in benefits
IV	Medicare Card with Part B indicated for medicare-eligible persons to be enroll in benefits
SERS or Hybrid Pension Benefits	
А	Application for Retirement (CO-898)
In	ncome Payment Election (CO-899, 900, 901 or 902)
SI	pouse Waiver of Monthly Survivor Benefits (CO-1047)
Fe	ederal and CT Tax Withholding Change Form (CO-1093)
D	Direct Deposit Authorization and Input Form (CO-1068)
ARP Pension Benefit	
А	Application for Retirement (CO-898a)
Retiree Health Benefits	
C	Choice of Health Services after Retirement Form (CO-744)
Retiree Life Insurance	
_	f you want to convert the reduction in your life insurance benefit to a personal life insurance policy: Contact Fort Dearborn
Supplemental Benefits	
If	f you want to continue benefits on a direct bill basis with your current carriers, contact the carriers directly:
Li	ife Insurance (Fort Dearborn, Aetna, or VOYA)
А	Auto and Homeowner Insurance (Liberty Mutual, MetLife, or Travelers)
Lo	ong Term Care (Transamerica or MedAmerica)

