

**FRS
Retirement Processing Checklist For Employee**

Employee Name: _____ Appt. Date: ____/____/____

- Retirement Notification to department – Supervisor’s acknowledgement (cc benefits@fiu.edu)

- **Election of Annual Leave: Cash Out:_____ Tax Deferred:_____**
- **Sick Leave Payout: Cash Out:_____ Tax Deferred:_____**

Estimated Payout Date _____

****Separation from Employment / Transfer Clearance form** (contact your department HR liaison for follow up) **is required to issue any payout to employee.** This form must be delivered to HR by payroll deadline.

- Health/Life Insurance - Electing to continue under group health plan: YES / NO
Active Coverage Ends: ____/____/____
- Medicare Coverage should start on ____/____/____
Cancelling health/life insurance benefits will no longer allow the employee to enroll at a later time
- Type of Coverage: _____ Cost \$_____ Retiree Coverage Starts:____/____/____
 - o If electing insurance:
 - o Fax form to PeopleFirst (PF) at (800) 422-3128 by date: ____/____/____
 - o Pay 1st month of coverage in the form of a cashier’s check, money order or personal check made payable to DSGI (Division of State Group Insurance), and send directly to People First, the State Benefits Administrator at:

People First Service Center
P.O. Box 863477
Orlando, Florida 32886

After Retirement the Division of Retirement/FRS will send you packet with the following forms:

- Health Insurance Subsidy (HIS) – fill out appropriate box, sign and return to FRS directly (address/fax listed on form)
- Direct Deposit Payroll form – complete and return to State Directly (address/fax listed on form)
- W4 form - complete and return to State Directly (address/fax listed on form)

Notes: _____
