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: ____________________________________________________________

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