

## INVESTMENT PLAN Retirement Processing Checklist

Employee Name: \_\_\_\_\_ Employee ID: \_\_\_\_\_

Appt. Date: \_\_\_/\_\_\_/\_\_\_ Date of Hire: \_\_\_/\_\_\_/\_\_\_

Retirement Date: \_\_\_/\_\_\_/\_\_\_

- Salary Plan: 210, 220(9), 230 E / NE      Benefit Program: 9 MO, 912 , FIU  
Faculty: Y / N In Unit \_\_\_\_\_ 9 mo. \_\_\_\_\_ 12 mo. \_\_\_\_\_
- Retirement Notification to department – Supervisor’s acknowledgement \_\_\_\_\_
- Notification: Records \_\_\_/\_\_\_/\_\_\_, ELR (non-faculty) \_\_\_/\_\_\_/\_\_\_
- Election of Annual Leave:
  - o Cash Out: \_\_\_\_\_ Tax Deferred / TDA/457 company: \_\_\_\_\_
- Sick Leave Payout: Eligl: Y / N      Frozen Sick Leave applies Y / N: if yes # \_\_\_\_\_ Hrs.
  - o Cash Out: \_\_\_\_\_ Tax Deferred / TDA/457 company: \_\_\_\_\_
- Payroll notified / Retiree Payout Spreadsheet on \_\_\_/\_\_\_/\_\_\_
- If applicable, E-Mailed to Deferred Comp. Date: \_\_\_/\_\_\_/\_\_\_
- Health/Life documents\*\*\*\* : Elected health: Y / N Elected Life Y / N Elected Flex Y / N
  - o Coverage Ends: \_\_\_\_\_

**Important to notify employee that cancelling these benefits will no longer allow them to enroll at a later time**

- New Retiree Election Form – told employee to Fax to PF on Date: \_\_\_/\_\_\_/\_\_\_
- Retirement Letter Supervisor name: \_\_\_\_\_ date sent : \_\_\_/\_\_\_/\_\_\_
- Retirement Watch date: \_\_\_/\_\_\_/\_\_\_ Parking Decal (Faculty Only) \_\_\_/\_\_\_/\_\_\_
- Separation from Employment / Transfer Clearance EE notified

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- FRS Retirement application document: \_\_\_\_\_
    - o ETF-2 Payroll Notified: \_\_\_/\_\_\_/\_\_\_
  - Documentation – Proof of Birth: \_\_\_\_\_
  - Date eligible for distribution / or first paycheck date/ code change to DP: \_\_\_/\_\_\_/\_\_\_

Notes: \_\_\_\_\_  
\_\_\_\_\_  
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Audited by: \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_

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