ORP
Retirement Processing Checklist For Employee

Employee Name: ___________________________________  Appt. Date: ___/___/____

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

☐ Required Documentation (DOR): ORP-Retire
  o If electing 10% - (must be age 62) Proof of Birth required

☐ **Election of Annual Leave: Cash Out:________  Tax Deferred:________
☐ **Sick Leave Payout: Cash Out:________  Tax Deferred:________

**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 Insurance: Electing to continue under group health plan: YES / NO
☐ 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

Notes: ____________________________________________ _________________________________

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