

**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 ____/____/____
Cancelled 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: _____
