



Insurance Retirement Information Checklist

- Enrolled in the BCBS Medical Insurance _____
- Qualified for the Retiree Health Insurance Benefit, completed BEN-F032 _____
 - Plan #1 Single ____ Two-Party ____ Family ____ Coverage
 - Plan #2 Single ____ Two-Party ____ Family ____ Coverage
 - Your termination Date _____
 - Spouses Termination Date _____
 - Dependent Children Termination Date _____
- Staying on BCBS Medical Insurance, paying full cost _____
 - Plan #1 Single ____ Two-Party ____ Family ____ Coverage
 - Plan #2 Single ____ Two-Party ____ Family ____ Coverage
 - Your termination Date _____
 - Spouses Termination Date _____
 - Dependent Children Termination Date _____
- Enrolled in the BCBS Dental? _____
 - Will receive information from BCBS during summer regarding COBRA benefits. Cost for Single: \$34.48, 2-Party: \$69.25, Family: \$104.17
 - Active employee termination effective September 1
- Enrolled in the BCBS Vision? _____
 - Will receive information from BCBS during the summer regarding COBRA benefits. Cost for Single: \$6.62, 2-Party: \$10.82, Family: \$20.53
 - Active employee termination effective September 1
- Retiree Medical Insurance will begin September 1st
- Elected ACH Debit? _____ If yes, the first ACH debit will occur on September 5th for the following amount \$ _____
- Certified Employees Qualified for the \$7,000 Life Insurance Policy? _____
Completed the Beneficiary Form _____

You will receive your TCRS pension check on the last working day of each month. You will continue to receive pay from CMCSS through August 5th, if you are a teacher.

POC: TCRS 1-800-922-7772/ CMCSS Benefits Office: 920-7810 / 920-7929 / 920-7788

I have reviewed and understand the documents provided to me today in regards to my retirement and benefits.

Signature

Date

Your last paycheck from CMCSS **will be mailed to your home address**; it will not be direct deposited into your account. _____

Initial

Copy provided to employee