



Iowa Department of Administrative Services

# Sick Leave Insurance Program Enrollment Checklist

For Human Resources Use Only

Once written notification of a retirement is received, the checklist below is provided as a guide for departmental Human Resources Associates (HRAs) to assure all necessary forms for participation in the Sick Leave Insurance Program (SLIP) are completed and submitted in a timely way. Please review completed forms carefully before submitting any required forms to Human Resources Enterprise (HRE). If you have questions, please contact the appropriate person listed on page two of this form.

**Tip:** In order to provide all the information and forms below to the Retiree, use the [SLIP Email Exit Template](#).

**Required for Executive, Judicial, and Legislative branches, including DOT, Fair Board, Special Schools and CBC employees.**

Required to Process Sick Leave Insurance Program (SLIP) Documents			
HRA Checklist		Resources	Description
<b>Sent to Retiree</b>	An email of an estimated SLIP account balance <b>Tip:</b> Insert screenshot of the SLIP calculation worksheet balance in the <a href="#">SLIP Email Exit Template</a> .	<a href="#">SLIP</a>	Per the Termination Job Aid: All banked leave hours (existing balances and accruals) in the final pay period will be automatically calculated in Pay results, assuming the Termination Business Processes have been successfully completed.
<b>Fill Out</b>	Provide an <b>estimate</b> of the SLIP account balance. <ul style="list-style-type: none"> <li>• <a href="#">SLIP Calculation Worksheet (Excel)</a></li> <li>• <a href="#">SLIP Calculation Worksheet (Sheets)</a></li> </ul>		
<b>Send to Retiree</b>	<a href="#">IPERS Contact Information</a>	<a href="#">IPERS Website</a>	HRA fills out the Employment Verification section and returns it to the employee to forward the complete packet to IPERS.
<b>Fill Out</b>	Verify the Complete the Employment Verification section.		

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<b>Attach completed to</b>	The Retiree will send in the completed packet to IPERS.		
<b>Send to Retiree</b>	<p><b>Information about RIC (feel free to copy and paste):</b>                      If you are currently contributing to our Retirement Investors' Club deferred compensation program and anticipate a lump sum as part of your Vacation and/or Sick payout, you can choose to have some or all of those funds deposited into your RIC account. Complete the <a href="#">Special Deduction Request Form</a> and send it <b>directly</b> to the <a href="#">RIC Team</a>. Please <b>do not</b> include this form with the other forms that you return to me. Contact the Retirement Investors' Club Team, via <a href="#">email</a> or call 515-281-8677 with questions.</p> <p>If you are not currently enrolled in RIC, you may still have the opportunity to defer your Vacation and/or Sick payout. You can find information about enrollment on the RIC website under <a href="#">Enrollment</a>. If you have any questions, please reach out to the RIC Team <b>no later than two weeks before</b> your last day of work.</p>	<a href="#">Retirement Investors' Club (RIC)</a>	If you have any questions, please reach out to the Retirement Investors' Club Team, email <a href="mailto:ric@iowa.gov">ric@iowa.gov</a> or call 515-281-8677.
<b>Send to Retiree</b>	<a href="#">SLIP Enrollment Form</a>		

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HRA Checklist		Resources	Description
<b>Fill out</b>	1) Verify the form is completed and signed by Retiree.  2) Fill out the HRA portion (bottom of page 2).  a. Email <a href="mailto:info@ipers.org">info@ipers.org</a> the following to obtain the Retiree's IPERS file date: <ul style="list-style-type: none"> <li>● Last Name</li> <li>● First Name</li> <li>● Middle Name</li> <li>● Zip Code</li> </ul>	<a href="#">Sick Leave Insurance Program (SLIP)</a>	Employee completes and signs form; HRA completes HRA portion on last page.  The form is required and must be uploaded/attached to the Termination business process in Workday, along with the other applicable retirement documentation. See Termination Checklist.
<b>Attach completed to</b>	Termination Business Process in Workday.		
<b>Send to Retiree</b>	<a href="#">Application for the Retired/Disabled Health and Dental Insurance Group</a>	<a href="#">Health Insurance Options</a>	This is the cover sheet for the employee's health/dental applications.  Employee fills out and signs. HRA name and phone number must be included on the form.  Keep a copy, and send, with the health and dental applications, to the <a href="#">DAS-HRE Retiree Benefits Specialist</a> .  <b>If the retiree declines all coverage, this is the only form that needs to be filled out and forwarded.</b>  If the retiree selected coverage, continue to the next 2 items.
<b>Fill out</b>	1) Verify the form is completed and signed by Retiree.  2) Fill out the HRA portion (bottom of page 1).		
<b>Attach completed to</b>	1) Email <a href="mailto:stateretirees@iowa.gov">stateretirees@iowa.gov</a> along with the health and dental applications if applicable  2) Save to Employee Personnel file.		
<b>Send to Retiree</b>	<a href="#">Delta Dental Insurance Application</a>	<a href="#">Dental Insurance</a>	

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	<a href="#">Delta Dental's Authorization for Automatic Bank Account Withdrawal</a>		<b>Ensure the individual retiring is the policyholder.</b>
<b>Fill out</b>	1) Ensure the Retiree is the policyholder. 2) Verify the form is completed and signed by Retiree.		This is the application form for the continuation of dental insurance coverage.  This is required even if the retiree is staying with the same health plan.
<b>Attach completed to</b>	1) Email the <a href="#">Retiree Benefits Specialist</a> this form along with the: <ul style="list-style-type: none"> <li>a. <a href="#">Application for the Retired/Disabled Health and Dental Insurance Group</a>.</li> <li>b. Any additional forms requesting enrollment.</li> </ul> 2) Save to Employee Personnel file.		Paperwork is sent, along with the continuation form and dental application if applicable, to the <a href="#">DAS-HRE Retiree Benefits Specialist</a> . Automatic payments are not required.
<b>Send to Retiree</b>	<a href="#">Wellmark State of Iowa Retiree Application</a>	<a href="#">Wellmark State of Iowa Group Retiree Application</a>	<b>Ensure the individual retiring is the policyholder.</b>
<b>Fill out</b>	1) Ensure the Retiree is the policyholder. 2) Verify the form is completed and signed by Retiree.		This is the application for the continuation of health insurance coverage, and is required if continuing dental insurance.  It is sent, along with the continuation form and health application if applicable, to the <a href="#">DAS-HRE Retiree Benefits Specialist</a> . Automatic payments are not required.
<b>Attach completed to</b>	1) Email this form to the <a href="#">Retiree Benefits Specialist</a> along with the: <ul style="list-style-type: none"> <li>a. <a href="#">Application for the Retired/Disabled Health and Dental Insurance Group</a>.</li> <li>b. Any additional forms requesting enrollment.</li> </ul> 2) Save to Employee Personnel file.		

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HRA Checklist	Resources	Description
<p>In Workday:</p> <ul style="list-style-type: none"> <li>• Add Retiree Status.</li> <li>• In the pay period after they terminate under SLIP enter worker costing.</li> </ul>	<p><a href="#">Termination Job Aid</a>  <a href="#">Termination Checklist</a>  <a href="#">Assign Worker Costing</a></p>	<p>See the <a href="#">Termination Job Aid</a>.</p> <p>Once an HRA enters the termination of employment into Workday, life insurance benefits will be stopped as part of that business process. The Standard will be notified of the termination from a file generated in Workday.</p>

### OPTIONAL FORMS RELATED TO ALL RETIREMENTS

It may be necessary to complete one or more of these documents depending upon the employee's circumstances.

<p><a href="#">The Standard's Portability and Conversion Frequently Asked Questions and Guidelines for the State of Iowa</a></p>	<p>Although not covered by the SLIP program for payment of premiums, retirees may elect to port or convert their group life insurance coverage.</p> <p>The Standard will mail a postcard with continuation information directly to the employee, but you are welcome to provide the FAQ if requested.</p>
<p><a href="#">Special Deduction Request</a></p>	<p>Used to increase deductions for the final pay warrant if desired by the retiree. Send Special Deduction Request directly to the RIC team as noted on the form.</p>
<p><a href="#">Request a 3-Yr Catch-Up Worksheet</a></p>	<p>The calculation worksheet necessary to establish eligibility to contribute beyond the normal limit deductibility requirements. Tell employees to send an email to the <a href="#">RIC team</a> if they wish to apply for this catch-up.</p>
<p><a href="#">Flexible Spending Prepayment Form</a></p>	<p>Provide to the employee prior to retirement if requested. They can prepay for the remainder of the year with their final paycheck. This allows employees to incur claims through the remainder of the year, but they do not have the ability to carry over funds to the following year.</p>

<a href="#">MedicareBlue Rx Form</a>	Provide to the employee if any dependents are Medicare eligible. This allows employees to get a premium discount on the Wellmark plan. (Group MedicareBlue Rx (\$5/\$10/20%/45%/33%) with Iowa Choice or National Choice).
<a href="#">CMS-L564</a>	Request for Employment Information - Provide this form if any of the dependents are Medicare eligible. This form is used for proof of group health care coverage based on current employment.

**POINTS OF CONTACT BY TOPIC  
SICK LEAVE INSURANCE PROGRAM QUESTIONS**

Topic	Contact Name	Contact Information
General SLIP questions from employees	Department Human Resources Associate, assigned Personnel Officer, or the <a href="#">Retiree Benefits Specialist</a>	Additional information available at the <a href="#">Retiree Website for SLIP</a> . Phone: 515-281-6124
IPERS	IPERS Call Center	Phone: 1-800-622-3849 <a href="#">IPERS website</a>
Health Insurance Dental Insurance	Retiree Benefits Specialist DAS, Human Resources Enterprise	Phone: 515-725-0668 FAX: 515-242-6450 <a href="#">Retiree Benefits Specialist Email</a>
Life Insurance	Life Insurance Administrator DAS, Human Resources Enterprise	Phone: 515-281-8866 FAX: 515-242-6450 <a href="#">Life Insurance Administrator Email</a>
RIC	HRE RIC Team DAS, Human Resources Enterprise	Phone: 515-281-8677 FAX: 515-281-5102 <a href="#">RIC Team Email</a>
Insurance Billing Process	SAE SLIP Manager DAS, State Accounting Enterprise	Phone: 515-281-3714 FAX: 515-281-5255 <a href="#">SAE SLIP Manager Team Email</a>

**Additional information, forms, and reference links available at [Employee and Retiree SLIP Website](#).**