



Medicare Retirement Checklist (Non-SLIP)

Once written notification of a retirement is received, the checklist below is provided as a guide for departmental Human Resources Associates to ensure all necessary forms for retirement 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 [Medicare Retirement Exit Letter Template](#).

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

Required to Process Regular Retirement Documents			
HRA Checklist		Resources	Description
Send to Retiree	IPERS Contact Information	IPERS Website	HRA fills out the Employment Verification section and returns it to the employee to forward the complete packet to IPERS.
Fill Out	Verify the Complete the Employment Verification section.		
Attach completed to	The Retiree will send in the completed packet to IPERS.		
Send to Retiree	<p>Information about RIC (feel free to copy and paste): 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 Special Deduction Request Form and send it directly to the RIC Team. Please</p>	Retirement Investors' Club (RIC)	If you have any questions, please reach out to the Retirement Investors' Club Team, email ric@iowa.gov or call 515-281-8677.

	<p>do not include this form with the other forms that you return to me. Contact the Retirement Investors' Club Team via email or call 515-281-8677.</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 Enrollment. If you have any questions, please reach out to the RIC Team no later than two weeks before your last day of work.</p>		
Send to Retiree	Application for the Retired/Disabled Health and Dental Insurance Group	Health Insurance Options	<p>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.</p> <p>Keep a copy, and send, with the health and dental applications, to the DAS-HRE Retiree Benefits Specialist.</p> <p>If the retiree declines all coverage, this is the only form that needs to be filled out and forwarded.</p> <p>If the retiree selected coverage, continue to the next 2 items.</p>
Fill out	<ol style="list-style-type: none"> 1) Verify the form is completed and signed by Retiree. 2) Fill out the HRA portion (bottom of page 1). 		
Attach completed to	<ol style="list-style-type: none"> 1) Email this form to the Retiree Benefits Specialist along with the health and dental applications if applicable. 2) Save to Employee Personnel file. 		
Send to Retiree	Delta Dental Insurance Application Delta Dental's Authorization for Automatic Bank Account Withdrawal	Dental Insurance	<p>Ensure the individual retiring is the policyholder.</p> <p>This is the application form for the continuation of dental insurance coverage.</p> <p>This is required even if the retiree is staying with the same health plan.</p>
Fill out	<ol style="list-style-type: none"> 1) Ensure the Retiree is the policyholder. 2) Verify the form is completed and signed by Retiree. 		

				<p>Paperwork is sent, along with the continuation form and dental application if applicable, to the DAS-HRE Retiree Benefits Specialist. Automatic payments are not required.</p>
<p>Attach completed to</p>	<p>1) Email the Retiree Benefits Specialist this form along with the:</p> <ul style="list-style-type: none"> a. Application for the Retired/Disabled Health and Dental Insurance Group. b. Any additional forms requesting enrollment. <p>2) Save to Employee Personnel file.</p>			
<p>Send to Retiree</p>	<p>If enrolling in Group Program F or Group Program N, this form is required per individual who is Medicare eligible: Wellmark State of Iowa Retiree Application</p> <p>Optional If enrolling in Medicare Part D called Group MedicareBlue Rx, this form is required per individual who is Medicare eligible: Group MedicareBlue Rx Application</p> <p>Optional If Retiree elects to have automatic withdrawal of premiums from their bank account, the following form is required.</p>	<p>If enrolling in Iowa Choice or National Choice, a single Wellmark State of Iowa Retiree Application is required for the Retiree and/or Dependent(s).</p> <p>Optional The Retiree is able to significantly reduce their Wellmark premium by enrolling in Group MedicareBlue Rx.</p> <p>If enrolling in Medicare Part D called Group MedicareBlue Rx, this form is required per individual who is Medicare eligible: Group MedicareBlue Rx Application</p> <p>Optional</p>	<p>Wellmark State of Iowa Group Retiree Application</p>	<p>Ensure the individual retiring is the policyholder.</p> <p>This is the application for the continuation of health insurance coverage, and is required if continuing medical insurance.</p> <p>It is sent, along with the continuation form and health application if applicable, to the DAS-HRE Retiree Benefits Specialist. Automatic payments are not required.</p> <p>Note: Group Program F and Group Program N are only for Medicare Eligible Individuals.</p> <p>If the Medicare Eligible Retiree has a Dependent they wish to cover who is not Medicare eligible, Iowa Choice or National Choice are their only options.</p>

	Group Medicare BlueRx EFT Form Note: For Group Program F and Group Program N, there is no Wellmark premium reduction if enrolling in Group MedicareBlue Rx.	If Retiree elects to have automatic withdrawal of premiums from their bank account, the following form is required. Group Medicare BlueRx EFT Form		
Fill out	1) Ensure the Retiree is the policyholder. 2) Verify the form(s) are completed and signed.			
Attach completed to	1) Email all completed form(s) to the Retiree Benefits Specialist . 2) Save to Employee Personnel file.			
In Workday: <ul style="list-style-type: none"> • Add Retiree Status. 			Termination Job Aid Termination Checklist	See the Termination Job Aid . 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.

OPTIONAL FORMS RELATED TO ALL RETIREMENTS

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

The Standard's Portability and Conversion Frequently Asked Questions and Guidelines for the State of Iowa	Retirees may elect to port or convert their group life insurance coverage. The Standard will mail a postcard with continuation information directly to the employee, but you are welcome to provide the FAQ if requested.
Special Deduction Request	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.
Request a 3-Yr Catch-Up Worksheet	The calculation worksheet necessary to establish eligibility to contribute beyond the normal limit deductibility requirements. Tell employees to send an email to the RIC team if they wish to apply for this catch-up.
Flexible Spending Prepayment Form	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.
MedicareBlue Rx Form	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).
CMS-L564	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
PROGRAM QUESTIONS**

Topic	Contact Name	Contact Information
General questions from employees	Department Human Resources Associate, assigned Human Resources Consultant (HRC), or the Retiree Benefits Specialist	Additional information available at the Retiree Website Phone: 515-281-6124
IPERS	IPERS Call Center	Phone: 1-800-622-3849 IPERS website

Health Insurance Dental Insurance	Retiree Benefits Specialist DAS, Human Resources Enterprise	Phone: 515-725-0668 FAX: 515-242-6450 Retiree Benefits Specialist Email
Life Insurance	Life Insurance Administrator DAS, Human Resources Enterprise	Phone: 515-281-8866 FAX: 515-242-6450 Life Insurance Administrator Email
RIC	HRE RIC Team DAS, Human Resources Enterprise	Phone: 515-281-8677 FAX: 515-281-5102 RIC Team Email
Additional information, forms, and reference links available at the Employee and Retiree Website.		