

Emory University Retirement Checklist

	ACTIONS	DATE COMPLETED
<input type="checkbox"/>	Have you determined if you are eligible to retire? <input type="checkbox"/> Schedule meeting with your department's Benefits Specialist	
<input type="checkbox"/>	Have you met with your retirement plan vendor representative and/or financial advisor? <input type="checkbox"/> Retirement Plan Distribution Options considered <input type="checkbox"/> How and when distribution of retirement plan(s) funds will begin	
<input type="checkbox"/>	Do you know what benefits are available at retirement? <input type="checkbox"/> Medical, dental and vision <input type="checkbox"/> Life insurance <input type="checkbox"/> Other benefits	
<input type="checkbox"/>	Have you determined how Social Security and Medicare benefits will affect you in retirement? <input type="checkbox"/> Made an appointment with Social Security <input type="checkbox"/> Determined when Social Security benefits will begin <input type="checkbox"/> Determined when you should enroll for Medicare (Within 3 months of age 65 or date of retirement) <input type="checkbox"/> Will you need a supplemental medical plan to supplement Medicare Parts A & B? <input type="checkbox"/> How will you enroll for Medicare Supplemental Plan (Via Benefits or other source)?	
<input type="checkbox"/>	Have you notified your department of your intent to retire? <i>(Submit notification 45-60 days prior to your intended retirement date)</i>	
<input type="checkbox"/>	Have you confirmed that the Benefits and Work Life Department has approved the retirement action?	
<input type="checkbox"/>	Have you received and reviewed your retirement packet from your Benefits Specialist? <input type="checkbox"/> Completed forms to cancel or continue medical coverage, dental, vision <input type="checkbox"/> Completed Retirement Checklist <input type="checkbox"/> Completed Automatic Draft Form for Pre-65 Retiree Billing through McGriff Insurance Services	
<input type="checkbox"/>	If age 65 or older, have you enrolled for Medicare Parts A & B and Medicare Supplemental Plan? <input type="checkbox"/> Enrolled through Social Security <input type="checkbox"/> Enrolled through Via Benefits <input type="checkbox"/> Enrolled using other source	
<input type="checkbox"/>	Have you scheduled your final appointment with your Benefits Specialist? <input type="checkbox"/> Prepared a list of any final questions? <input type="checkbox"/> Returned all required forms included in your retirement packet? <input type="checkbox"/> Returned distribution forms to retirement plan vendor(s)?	
<input type="checkbox"/>	Have you completed forms to continue other benefits? <input type="checkbox"/> Life Insurance for yourself and dependents <input type="checkbox"/> Long Term Care <input type="checkbox"/> Supplemental Income Protection <input type="checkbox"/> Auto & Home Insurance (MetPay)	