EMPLOYEE: ____________________________ EFFECTIVE DATE: ___________________

RETIREMENT CHECK OFF LIST

___________ Application Form CO-898 – Note if applying for Disability Retirement we need all Medicals reports, closing salary and top 3 years. No War Time can be utilized.

___________ Health Insurance Form CO-744
If spouse or employee is on Medicare need copies of cards.

___________ CT – W4

___________ Federal - W4

___________ Option Form A – B – C - D
Need Beneficiary information for lump sum contributions/payment

___________ Spousal Waiver Form CO-1047
If married copy of Marriage Certificate.
Note: Must be notarized if single or not providing benefit to spouse

___________ Direct Deposit Form

___________ Copy of Birth Certificate
Self and wife or annuitant's birth certificate.

___________ Hazardous Duty Letter for 20 Year Service

___________ Time and Attendance Cards if employee utilizing Vacation Days to make up retirement service.

___________ Copy of Current APS Person Screen

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RECORDS TO GO THROUGH

___________ Employee File, 201s/301s, Time and Attendance, Payroll records
- **__________ Note Workers' Comp Dates**
- **__________ Note any leave days without pay**
- **__________ Purchases of time (Make Copies)**
- **__________ Roster Cards for Haz. Duty**
- **__________ Longevity Record**
- **__________ Check IST – 6 Months of Employment**

___________ Disability Retirement
- **__________ Check MMI date – should be on leave of absence form that date**
- **__________ Social Security Release Form**
- **__________ Group Life Insurance Waiver Form**