

PERALTA BENEFITS EVERYONE!

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Retirement Readiness Checklist

PRE-RETIREMENT CHECKLIST

Within 90 days of Retirement-for counseling and guidance:

- Contact California Public Employees Retirement System (CalPERS) about annuity benefits
- Contact California State Teachers Retirement System (CalSTRS) about annuity benefits
- Contact Social Security about income options
- Contact Medicare to inquire about medical options

Within 60 days (after retirement)

- Complete COBRA Election Notice to continue the following benefits beyond retirement effective date:
 - Dental coverage
 - Flexible benefit plan participation under Medical and/or dependent Care Reimbursement Account IRS Code 125
 - Employee Assistance Program

Within 30 days of Retirement

- Inform your department (use guidance in the Collective Bargaining Agreement)
- Complete Universal Benefit Enrollment Form in order to:
 - Confirm your insurance coverage for you and your eligible dependents as a PCCD retiree
 - Update your beneficiary on file
- After you have submitted your notice, then schedule your optional personal appointment with the Benefits Office 10 days thereafter, please bring the following items to your appointment:
 - Copy of recent paycheck
 - Copy of the submitted resignation letter
 - Completed Universal Benefit Enrollment form for continuation of medical benefits, if eligible
 - Collective Bargaining Agreement

POST-RETIREMENT CHECKLIST

Semi-Annually

- Retirees and eligible dependents should submit the Kaiser Reimbursement Form. Reimbursements are processed each July and January

Annually

- Inform the district's agent (Pension Dynamics) of your Medicare premium

Within 30 days

- Notify the District of your change of address
- Notify the District of addition of dependent (new wife, child)
- Inform the district's agent of change in Medicare Premium amount

Survivor's Checklist

- Notify Benefits Office of retiree's death. Call 510.587.7838 option 5
- Consider enrolling in medical insurance within 60 days of retiree's death
- Pay premiums on a monthly basis
- Submit Kaiser co-pay reimbursement form, if applicable send annual Medicare premium verification