|  |  |  |  |
| --- | --- | --- | --- |
| **Participant’s Name** | {stdMbrFullNameInProperCase} | **MPID** | {stdMbrParticipantMPID} |
| **Counselor’s Name** | {stdLoggedInUserFullName} | **Date** | {stdCurrentDate} |

**Visitor Name (Other Than Participant): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Marital Status**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Qualified Years**: \_\_\_\_\_\_\_\_\_\_ **Credited Hours**: \_\_\_\_\_\_\_\_\_\_

**Appointment Time:** \_\_\_\_\_\_\_\_\_\_ **Arrival Time:** \_\_\_\_\_\_\_\_\_\_ **Completion Time:** \_\_\_\_\_\_\_\_\_\_

**Confirmation of Telephone Number and Email Address**

**Type of Meeting**: IN PERSON TELEPHONE

**Scheduled Meeting**: SCHEDULED UNSCHEDULED

**COUNSELING PACKAGE**

For Scheduled Meetings – pull file to review along with all related Notes

**RSD STAFF or COUNSELOR TO COMPLETE WITH PARTICIPANT DURING SESSION**

1. Review the types of retirement benefits offered by MPI.

a. Pension Plan (Including UV&HP)

b. Individual Account Plan

c. Retiree Health Plan (Life Insurance)

2. Review Participant history and explain how it affects their current benefit.

a. If Breaks in Service exist, determine if Participant is eligible for bridging. *(SPD p.9)*

b. Withdrawals *(SPD p. 28)*

c. Forfeitures *(SPD p. 8-9)*

3. Review retirement types and special rules and considerations.

a. Normal Retirement *(SPD p. 13-15)*

b. Early Retirement: Reduced, Special Reduced, Unreduced *(SPD p.16-17)*

Determine if they want Early Retirement due to a disability that prevents them from working. If so, explain Disability Conversion rules. *(SPD p.18)*

c. Disability Retirement or Disability due to a Terminal Illness *(SPD p.18-19)*

d. Late Retirement *(SPD p.20-21)*

4. Review re-employment rules, consequences and possible benefits *(SPD p. 25-26)*

Month of Suspendible service if 50 or more hours worked in a ***payroll month***

For Unreduced Early Retirement: benefit will be forfeited until age 65 if 400 or more hours are worked in a Computation Year

Additional benefits will be earned if 870 hours or more are worked in a Computation Year. Benefit adjustments will not be made until the month after the Participant reaches age 65 (SPD p. 26)

5. Review the Retirement Application (if they have not already submitted one)

a. If they have not submitted their Retirement Application, review dates and related deadline (SPD p. 6)

b. Try to collect their Retirement Application before the visitor session ends

6. Review the Pension and IAP retirement process and deadlines *(SPD p. 6)*

a. Review submission deadlines for required forms and legal documents

b. Review Payment dates for Pension and IAP

c. Review the 2 month no-work requirement

7. Provide and review required forms

a. Pension and IAP Benefit Election Form

Explain Pension benefit payment types *(SPD p. 22-24)*

If married, explain that the Qualified Joint & 50% Annuity benefit is the default, and any other election will require their Spouse’s signature to be witnessed.

Explain beneficiary requirements for the Ten-Years-Certain and Life Annuity

Explain that their benefit election is irrevocable after their retirement date

Explain that their joint annuitant is irrevocable regardless of divorce, death or remarriage after their retirement date.

Discuss beneficiary selection and death benefits

Pension *(SPD p. 8, 29-30)*

IAP *(SPD p. 8, 38)*

Encourage the Participant (and their Spouse) to make their benefit election during the counseling session

Witness the Spouse’s signature (if applicable)

If they do not make their election during the session, explain the requirement for the Spouse’s signature to be notarized (if applicable) along with timeframe in order to return Benefit Election Form

b. IAP Lump Sum Distribution Form

Explain IAP Payment options

Explain rollover process and requirements (If married, spousal consent required)

Explain that “Section C” must be completed by account custodian

Explain IAP Annuity Option

Review tax rules *(Special Tax Notice)*

c. UV&HP Lump Sum Distribution Form (if applicable)

Explain Unclaimed Vacation & Holiday Pay and Employee Contributions plus interest and the payment options (if applicable)

d. Federal and State Tax Form (Discuss / Provide Form)

e. Direct Deposit Authorization Form (Discuss / Provide Form)

f. Re-employment Acknowledgement Form (Discuss / Provide Form)

g. Re-employment Notification Form to MPI (Discuss / Provide Form)

h. Payroll Calendar (Discuss / Provide)

i. Medicare Coordination Form

Review Medicare enrollment requirements due to age or disability

Review submission deadlines / signatures for required form

Review the requirements for their Spouse or dependents to enroll in Medicare (due to age or disability)

Explain to Participant the need to have Medicare A & B or they will not have medical coverage

8. Retirement Cancellation

a. Review Retirement Cancellation rules and deadline

b. Inform them that cancellation must be in writing

c. Review when/why retirement date would be automatically cancelled

9. Review pending forms and legal documents

a. Proof of age (birth certificate, passport, etc.)

b. Spouse’s proof of age

c. Participant’s Social Security card

d. Spouse/Beneficiary’s Social Security card

e. Marriage certificate

f. Change of Address Form: confirmed address, telephone number and email address

g. Confirm any Name updates

10. Review divorce document requirements (if applicable)

a. Conformed copy of the Final Dissolution of Marriage (final judgment)

b. Property Settlement Agreement, if applicable

c. Interlocutory judgment, if referenced in the final judgment

d. Provide Participant with QDRO procedure, if necessary

11. Signature of Participant & Retirement Benefit Counselor or Staff documenting topics, forms and deadlines discussed and agreed upon.

Participant Signature / Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

MPI Counselor / Staff Signature / Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_