|  |  |  |  |
| --- | --- | --- | --- |
| **PSC Representative Name** | **{stdLoggedInUserFullName}** | **Date** | **{stdCurrentDate}** |

**ELIGIBILITY CHECK**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Participant Name** | **{stdMbrFullNameInProperCase}** | | **MPID** | **{stdMbrParticipantMPID}** |
| **Requested Retirement Date** | |  | | |

*Refer to calendar of application deadlines and corresponding retirement dates.*

|  |  |  |  |
| --- | --- | --- | --- |
| **Retirement Counseling Appointment Date** |  | **Time** |  |

**Type of Retirement:**

⭘ **Normal**

⭘ **Early** (*Review milestones for each type, and determine if they are actually disabled*)

Reduced

Special Reduced

Unreduced

⭘ **Late**

⭘ **Disability** (*Review rules and documentation requirements*)

⭘ **Other:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**INFORMATION TO GATHER / VERIFY**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Date of Birth**  ⭘ **Verified**  ⭘ **Corrected:** |  | **Qualified Years**  ⭘ **Verified**  ⭘ **Corrected:** |  | **Credited Hours**  ⭘ **Verified**  ⭘ **Corrected:** |  |

|  |  |
| --- | --- |
| **Mailing Address**  ⭘ **Verified**  ⭘ **Corrected:** |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Phone**  ⭘ **Verified**  ⭘ **Corrected:** |  | **Fax**  ⭘ **Verified**  ⭘ **Corrected:** |  |
| **Email**  ⭘ **Verified**  ⭘ **Corrected:** |  | | |

**Is Participant Currently Married?**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Spouse’s Name |  | Date of Birth |  | SSN |  |

**Has Participant ever been previously married?**

|  |  |  |  |
| --- | --- | --- | --- |
| *Marriage 1* |  | *Marriage 3* |  |
| Spouse’s Name |  | Spouse’s Name |  |
| Dates of Marriage |  | Dates of Marriage |  |
| *Marriage 2* |  | *Marriage 4* |  |
| Spouse’s Name |  | Spouse’s Name |  |
| Dates of Marriage |  | Dates of Marriage |  |

**INFORMATION TO PROVIDE ABOUT THE RETIREMENT PROCESS**

1. **Encourage Participant to receive the Retirement Application via email.** They can expect to receive an application via email within two business days or via regular mail within one week (the application will be included with their Retirement Package). An emailed application must be printed and signed. Applications will be accepted via mail, fax or can be scanned and emailed.

Participant would like application via email

1. **Applications must be submitted two complete calendar months before the Participant’s desired Retirement Date**. For example, if their desired Retirement Date is June 1st, the Retirement Application must be submitted no later than March 31st. Their application may be submitted as early as 6 months before their desired Retirement Date.

**NOTE:** If they are calling within one business day of the deadline for the application submission for their desired Retirement Date and do not have computer access, we will accept via fax a signed statement indicating their desired Retirement Date. They still must submit their Retirement Application as soon as possible.

1. **Retirement Packages will be sent within one week of the Participant’s request.** The Retirement Package includes a detailed explanation of MPI’s retirement process and options, as well as a summary estimate of their retirement benefits. The remainder of their retirement forms will be provided in their counseling session (or prior to their session of they will be receiving counseling via phone).

All applicable retirement forms and documentation must be submitted to MPI no later than 30 days prior to their Retirement Date (with the exception of the Retirement Application, which must be submitted two complete calendar months prior to their Retirement Date).

1. Encourage them to begin gathering their required legal documents. They can begin submitting these with their application to expedite the process – they do not need to be submitted all together. The required legal documents are:

* **Proof of age:** They must submit legal evidence of their date of birth, such as a copy of their birth certificate, passport, DD-214 military discharge form, baptismal records, residency card or Certificate of U.S. Naturalization issued by the U.S. Citizenship and Immigration Service.
* **Proof of Social Security Number for Participant, their Spouse and/or Beneficiaries’:** They must submit proof of valid Social Security or tax identification number(s).
* **If married, proof of their Spouse’s age:** See proof of age above.
* **Proof of Marriage:** They must submit legal evidence of their marriage to their spouse, if applicable.
* **Proof of Divorce:** They must submit for **all** previous spouse(s):
  + - A complete conformed copy (signed by the judge) of the Final Dissolution of Marriage (Final judgment)
    - The Property Settlement Agreement, if applicable
    - Interlocutory judgment, if referenced in the final judgment

This is to verify that their prior spouse(s) has no claim on their benefit. A Petition for Judgment and Notice of Entry of Judgment is not sufficient for this purpose. These forms do not contain the terms of the order, which are located in the body of the Judgment itself. A conformed copy includes the judge’s signature and a dated stamp from the court. A certified copy is not necessary.

If a former spouse is deceased, MPI will require a copy of the death certificate.

* **Health Plan Dependent Coverage:** They must submit a copy of the birth certificate for any eligible dependents under the Retiree Health Plan, including spouse, same-sex domestic partner, children and eligible dependents.