

BLACKSTONE - MILLVILLE REGIONAL SCHOOL DISTRICT

RETIREE EXIT PAPERWORK

Full Name _____ Date of Retirement _____
Address _____ Date of Birth _____
Phone _____ Email Address _____
Social Security # _____ Spouse's name _____
School _____ Spouse's DOB (do they qualify for Medicare) _____
Position _____ Spouse's social security # _____
MTRS ID #: _____

Retirement deductions will be taken from? Mass Teachers Retirement System or Worcester Reg. Retirement System

Note: The retirement agency will make health insurance adjustments on your first retirement check.

HEALTH INSURANCE

You will pay 50% of the health insurance premium in retirement.

Do you wish to continue your health insurance in retirement? Yes or No (effective date: _____)

Circle One:

HMO Blue New England

HMO INDIVIDUAL
HMO 2 PERSON
HMO FAMILY

HMO Benchmark II (LIMITED PLAN)

HMO INDIVIDUAL
HMO 2 PERSON
HMO FAMILY

PPO Blue Care Elect

PPO INDIVIDUAL
PPO 2 PERSON
PPO FAMILY

Age 65 or over

MEDEX
Managed Blue

DENTAL INSURANCE

Which plan do you have currently? Dental - INDIVIDUAL or Dental - FAMILY

Do you wish to continue the dental plan in retirement? Yes or No (effective date: _____)

LIFE INSURANCE

Do you currently have a life insurance policy with the district? Yes or No

*Note: The \$10,000 policy (Group 1) decreases to a \$2,000 policy (Group 2) at retirement

Do you wish to continue the life insurance policy in retirement? Yes or No (effective date: _____)

MEDICARE at AGE 65 (Provide Form CMS-L564 from the social security office)

Do you or your Spouse qualify for Medicare? Yes or No

Do you have a Medicare Card (**Part A & B**)? Yes or No

The district will need a copy of your Medicare card with both parts **A & B**. The district will send it to the insurance company as proof of coverage. We cannot submit your enrollment paperwork without your Medicare card.

*Note: If you do not qualified, then we need a letter from Social Security stating your ineligibility.

Retiree Signature _____ Date: _____

Business Office Signature _____ Date: _____

Office Use Only:

Enter in Retiree Matrix _____ Payroll deductions _____ Archived _____ Notify MTRS of Ded online _____ Notify WRRS via Auth. Ded form _____

Update ACA Reporting _____ Form CMS-L564 (Medicare, Part B - if over 65 at time of retirement) _____