Pension Retirement Forms

- Healthcare application
- Healthcare application if over 65 years old
- Medicare Supplement Waiver
- COBRA Dental and Vision Coverage
  (This form needs to be completed and returned even if COBRA coverage is not selected.)
- Vision Application/Refusal
- Dental Application/Refusal
- Direct Deposit Authorization
- Pension Income Tax withholding
- Joint and Survivor Benefit—this form must be notarized.
- Burial Benefit Designation—this form must be notarized.
- Contributory Designation/Change Beneficiary Form

UD Benefits—(Must meet UD Age and Service Requirements)

- MetLife Life Insurance Information
- UD Email Policy and Agreement
- UD Retiree Contact Information
- MTM Recognition Company

Important Notes:

- FSA? (You have 90 days to submit eligible FSA claims; expenses need to be incurred by separation date)
- If employee and/or spouse will be Medicare eligible, it is their responsibility to enroll in Medicare and provide a copy of their Medicare card to the HR Office
- If you will be covering a spouse on your Healthcare (medical) you will need to fill out the spousal coordination form.
- You will need copies of birth certificates for you and your spouse, social security cards for you and your spouse, marriage certificate and divorce decrees if applicable.
- For information about medical, dental and vision coverage go to DE State Pension website.

Upload any required documents to the Retirement Secure Document Submission site.