



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)
- ▶ [Visual Application/Refusal](#)
- ▶ [Dental Application/Refusal](#)
- ▶ [Direct Deposit Authorization](#)
- ▶ [Delaware Pension Income Tax withholding](#)
- ▶ [Federal Pensions Tax Form](#)
- ▶ [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)
- ▶ Before retiring, ensure storage usage complies with UD's retiree email requirements. Please read the [Google Retiree Account Article](#) to learn more.
- ▶ If employee and/or spouse will be Medicare eligible, it is their responsibility to enroll in Medicare and provide a copy 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 yoursouse, marriage certificate and divorce decrees if applicable.
- ▶ For additional information [DE State Pension website](#)

Upload any required documents to the [Retirement Secure Document Submission](#) site.