

Overview of ORP Service Retirement Process:

1. Retirement Checklist:

- Please review the retirement checklist and check off each item. Email the completed retirement summary page and checklist back to your Benefits Administrator.
- The following steps will need to be completed within 6 months of your date of retirement.
- **For best results, please copy and paste each hyperlink listed under each heading in Google Chrome.**

2. PEBA Retiree Insurance Process:

1. Please review the Retiree Insurance Packet:
https://www.peba.sc.gov/sites/default/files/retiree_packet.pdf
2. Print and complete the 4 forms below. Please scan/email the forms to your Benefits Administrator to review before submitting to PEBA via postal mail. PEBA Insurance Address: PEBA Insurance Benefits, PO Box 11661, Columbia, SC 29211.
3. **Forms to send to PEBA Insurance:**
 - i. From the retiree insurance packet:
 1. Employer Verification Record:
https://www.peba.sc.gov/sites/default/files/employment_verification.pdf
 2. Tobacco Certification:
https://www.peba.sc.gov/sites/default/files/tobacco_use.pdf
 3. Retiree Notice of Election form:
https://www.peba.sc.gov/sites/default/files/retiree_noe.pdf
 - ii. Include the retiree funding insurance letter (included in this packet).
2. You will receive a turnaround document in the mail from PEBA Retirement and a letter from PEBA Insurance regarding your eligibility for retiree insurance.

3. Medicare Information:

1. I have included the Medicare Part B employer form for you to send to the Medicare office for enrolling in Medicare Part B. Please see the Medicare pages in this packet for next steps and please also review the [Medicare Leaving Employment Checklist](#).

4. Annual Leave Payout:

1. I've included your annual leave payout form so you can see what it would look like if you did the deferral to a supplemental retirement account versus the cash payout. This is just an FYI. If you would like to do the deferral to a supplemental retirement account, please complete the AL payout form and send back to me. If you prefer the cash payout, simply send me an email to let me know, you will not need to complete the AL payout form.

5. Next Steps:

1. Please touch base with your direct manager/business manager to let them know you will be retiring. We do not notify your department of your retirement. They may have some things for you to complete before you leave-i.e. turn in your badge etc.

Date Prepared: _____

Retirement Checklist

Retirement (Regular)

Retirement (Disability)

PERSONAL INFORMATION

Last Name: _____ First Name: _____

SSN: _____ Date of Birth: _____ Gender: M F

Home Phone (w/ area code): _____ Email: _____

Home Address: _____

City: _____ State: _____ Zip Code: _____

EMPLOYMENT INFORMATION

Position Title: _____

Department: _____

Annual Salary: _____

Annual Leave Balance: _____ hours / Sick Leave Balance: _____ hours

Last Day Worked: _____ Last Day Paid: _____

Selected Date of Retirement: _____

RETIREMENT INFORMATION

SC State Retirement Plan: SCRS

ORP – MassMutual MetLife TIAA AIG

Supplemental Retirement Plan? Yes No

If yes: 401(k) 457

403(b) – Fidelity MassMutual MetLife TIAA AIG

ANNUAL LEAVE PAYOUT CALCULATION

Attached at the end of this packet.

ORP Retirement Checklist

Name: _____ Employee ID: _____

Department: _____ Contact: _____

Employee:

I am aware that I my last day employed will be _____ and my date of retirement will be _____.

I am aware that I may (or may not) be rehired by my department as a Retiree. If my department rehires me as a Retiree, they must indicate on the *Notice of Separation* that I am an ORP Retiree returning to work on: **month/day/year**. I must have at least a **30 calendar day** break in service before returning to work. I am considered a retiree and I am employed in an at-will status with no grievance rights or faculty tenure.

I must contact my ORP provider to discuss the distribution of my account balance: _____.
I am eligible to leave the money in the account, as there are no restrictions on when the money must be taken from the SC ORP account. I am also eligible to take a distribution; however, if I request a distribution before age 59 ½ I will be assessed a 10% penalty and taxes will be withheld as outlined by the distribution. I am also eligible to roll the funds to another qualified retirement plan. I should discuss with my ORP provider any restrictions on a distribution or rollover due to the investments I have selected. Should I decide to take a distribution or rollover, I need to speak to the ORP provider to obtain the necessary forms, then send the forms to my benefits counselor for Plan Administrator approval. If my last paycheck or annual leave payout posts to my account after I request a distribution or rollover, I will be required to complete a second request to receive the additional funds.

ORP retirees may be paid out up to 360 hours of accrued annual leave at the time of retirement.

If I am eligible for Retiree Health, Dental and/or Vision insurance, my Benefits Counselor has given me the *Retiree Notice of Election (NOE)* and the *Employment Verification Form*. These forms need to be mailed to the Employee Insurance Program within 31 days of my retirement date. I am responsible for premium payment to the Employee Insurance Program. Premiums are paid one month in advance.

The Affordable Care Act requires employers to offer coverage to all employees who work an average of 30 hours a week. Because of this federal law, if you return to work at MUSC as a retiree employed in a temporary position, and you average 30 hours, you could be eligible to keep benefits through MUSC. **If you and/or your spouse are eligible for Medicare, you are required to keep your benefits through MUSC based on the federal law governing Medicare enrollment.**

Retiree Insurance Premiums-If you do not receive a retirement systems check, or if your retirement systems check is not enough to cover your monthly premiums, you will receive a bill each month. If you prefer, you may request that your monthly premiums be drafted from your bank account. Your request must be in writing to PEBA Insurance Benefits at P.O. Box 11661 Columbia, SC 29211-1661. Your initial deduction or bill may include premiums for more than one month.

If my spouse and/or I are of Medicare age, we must contact Social Security/Medicare to determine when to enroll in Part B. Contact Medicare at 800-MEDICARE if you have additional questions.

Retirees are eligible for enrollment changes to health, dental and/or vision. PEBA will send communications regarding enrollment options.

I have the option of converting/continuing my optional term life insurance within 31 days of my retirement. My retiree coverage will end on January 1 following my 75th birthday. I can also convert my coverage to a whole life policy, which is a permanent form of life insurance. I may be able to continue my insurance coverage and pay premiums directly to MetLife. MetLife will mail me a conversion/continuation packet. Packets are sent via U.S. mail three to five business days after MetLife receives the eligibility file from PEBA. To continue my coverage, I will complete the form that will be included in my packet from MetLife. Metlife can be reached at 888-507-3767.

Employees are still allowed to continue making contributions to their MSAs on an after-tax basis through COBRA. If an employee continues to make contributions to his MSA, you can use it through the end of the current plan year, including the grace period. The grace period is March 31st of the following plan year. If you do not continue his contributions after you leave employment, you have 90 days to submit a claim for any services you received before you left your job. If you are enrolled in a Dependent Care Spending Account, you cannot continue contributing to the account. You can only request reimbursement for eligible expenses incurred while you were employed until the account is exhausted. Please contact the MSA/DCA vendor ASI FLEX if you have any additional questions at 833-726-7587.

If I return to work, my contributions to my supplemental retirement plan will continue if Payroll knows that I will be returning to work. Otherwise, I must contact the Benefits Office directly at benefits@musc.edu to resume the contributions.

Per HR Policy 51 all Post Retirement employees returning to work will be employed in a temporary position. Temporary employees are typically* not eligible for benefits, annual leave, sick leave or holidays. Temporary employees are required by State guidelines to take a 15 calendar day break after one year of temporary employment, however, temporary returned retirees at MUSC are exempt per MUSC Legal Counsel. (*temporary employees could be eligible for insurance benefits under the ACA if they have worked enough hours- email benefits@musc.edu for further assistance).

Please communicate the following information with your Business Manager:

A *Notice of Separation* form or Teamworks transaction must be sent to HR. The transaction should reflect “49-ORP Retirement”.

Per HR Policy 39, Employees who resign in good standing should submit their resignations in writing to their supervisors with a minimum of two (2) weeks' notice for non-exempt (hourly paid) employees or thirty (30) days' notice for exempt (monthly paid) employees. *University HR recommends that you notify the department of your intended retirement date thirty (30) days in advance for planning purposes.*

Should you be rehired, your department must also submit a PEAR to rehire you and submit a NetId Extension Request if they approve your email and/or NetID to remain active during this break.

If you will be rehired in your department as a Retiree, a Statement of Understanding must be signed by you, the employee. The form will be provided to you by your Business Manager. A returned retiree is also required to complete all steps required for new hires, including background check, health screening and all required paperwork. You will be asked to submit a driver's license and social security card.

Do you want to join the MUSC Retired Faculty Program? Overseen by the Office of Planned Giving, this program provides opportunities to stay involved with the Medical University and fellow retired faculty members. This program offers:

- Attend the annual retired faculty event
- Join our e-newsletter for the latest updates and events on campus
- Order business cards
- Obtain a retired faculty email address (please note, this is a new email address and does not provide email forwarding from your address used during employment)

For more information, please call the Office of Planned Giving at 843-792-9562 or visit muscgiving.org/retired-faculty-program.

FORWARDING ADDRESS

Please update your address in the My Records system prior to your last day employed. Should you need to update your address after leaving employment to obtain your final W-2, please email hrrpersonnelrecords@musc.edu.

ADDITIONAL RESPONSIBILITIES

- Turn in ID badge to Departmental Business Manager or Department of Public Safety.
- Return all electronic equipment (pagers, laptops, cell phones, etc.) to Business Manager/Supervisor. Turn in keys, tools, etc. to Departmental Business Manager or Supervisor.
- Return Purchasing Card to Departmental Business Manager or Supervisor.
- Final paychecks and any annual leave payout will be deposited into the current bank account on file (792-2191). Check with the University Library regarding any outstanding books or fines (792-2371).
- Please visit the Office of Parking Management at 91 President Street to return your parking lot card/decals and to complete the cancellation of parking deductions from your paycheck. (792-3665).
- Check with Dietary Office for any reimbursement on swipe cards, if applicable (792-3559).
- Submit effort reports (activity reports) if covered by MUSC's Activity Reporting system (792-6438). Check with the Wellness Center regarding membership status upon separation of employment (792-5757).
- Please complete the Leave Donation Form if you would like to donate any remaining sick or annual leave. Please go to <https://horseshoe.musc.edu/human-resources/univ/forms/leave-and-time-management>
- Please take a moment to complete MUSC's online Exit Survey before your last day of employment. Please go to <http://horseshoe.musc.edu/human-resources/univ/employee-corner>

Retiree/ Employee

Date

Medicare Special circumstances (Special Enrollment Periods)

If you and your spouse are of Medicare age, you must contact the Social Security/Medicare to determine when to enroll in Part B. Contact Medicare at 800-MEDICARE if you have additional questions.

Once your Initial Enrollment Period ends, you may have the chance to sign up for Medicare during a Special Enrollment Period (SEP). If you're covered under a [Group health plan](#) based on current employment, you have a SEP to sign up for Part A and/or Part B anytime as long as:

- You or your spouse (or family member if you're disabled) is working.
- You're covered by a group health plan through the employer.

You also have an 8-month SEP to sign up for Part A and/or Part B that starts at one of these times (whichever happens first):

- **The month after the employment ends**
- The month after group health plan insurance based on current employment ends

When you retire, if you are still eligible for state retiree insurance Medicare will become your primary insurance and the state insurance will be secondary. If you are not eligible for state retiree insurance Medicare will still be primary.

Usually, you don't pay a late enrollment penalty if you sign up during a SEP. In order to apply for Medicare in a Special Enrollment Period (SEP), you must have or had group health plan coverage within the last 8 months through your or your spouse's current employment.

Complete the Enrollment form for [Medicare Part B](#).

Submit your enrollment form along with the Request for Employment Verification form (on the next page) to your local Social Security Office. Find your local office here: www.ssa.gov.

REQUEST FOR EMPLOYMENT INFORMATION

SECTION A: To be completed by individual signing up for Medicare Part B (Medical Insurance)

1. Employer's Name	2. Date <table style="width: 100%; border: none;"> <tr> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: none; padding: 0 5px;">/</td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: none; padding: 0 5px;">/</td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> </tr> </table>			/			/				
		/			/						
3. Employer's Address											
City	State	Zip Code									
4. Applicant's Name	5. Applicant's Social Security Number										
6. Employee's Name	7. Employee's Social Security Number										

SECTION B: To be completed by Employers

For Employer Group Health Plans ONLY:

1. Is (or was) the applicant covered under an employer group health plan?	Yes	No
2. If yes, give the date the applicant's coverage began. (mm/yyyy)		
3. Has the coverage ended?		
Yes No		
4. If yes, give the date the coverage ended. (mm/yyyy)		
5. When did the employee work for your company?		
From: (mm/yyyy)	To: (mm/yyyy)	Still Employed: (mm/yyyy)
6. If you're a large group health plan and the applicant is disabled, please list the timeframe (all months) that your group health plan was primary payer.		
From: (mm/yyyy)	To: (mm/yyyy)	

For Hours Bank Arrangements ONLY:

1. Is (or was) the applicant covered under an Hours Bank Arrangement?	Yes	No
2. If yes, does the applicant have hours remaining in reserve?		
Yes No		
3. Date reserve hours ended or will be used? (mm/yyyy)		

All Employers:

Signature of Company Official	Date Signed
Title of Company Official	Phone Number

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information is 0938-0787. The time required to complete this information collection is estimated to average 15 minutes per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, MD 21244-1850.



Retirees

If you are eligible for retiree group insurance when you retire, you may choose to continue or convert your life insurance through MetLife. Retiree life insurance coverage does not include Accidental Death and Dismemberment benefits. Optional Life coverage is eligible for conversion or continuation; Basic Life and Dependent Life coverage are eligible for conversion.

PEBA sends a bi-weekly file with employee status changes to MetLife. MetLife will use this information to mail a conversion/continuation packet to eligible retirees. Packets are sent via U.S. mail three to five business days after MetLife receives the file.

The continuation and conversion application period is time-sensitive. You have 30 days from the date your coverage as an active employee ends to continue coverage. You have 31 days from the date your active employee coverage ends to convert coverage. If you miss these deadlines, you will forfeit your right for retiree group life insurance.

If you have questions about your options for life insurance in retirement, contact MetLife at 888.507.3767 once you receive your conversion/continuation packet.

Continuation

You may continue your Optional Life coverage upon retirement. The [rates](#) match what you paid while you were an employee.

The minimum amount that can be continued is \$10,000. You cannot increase your coverage, but you can decrease it. Rates are based on your age and will increase when your age category changes. Your coverage will reduce at ages 70, 75 and 80. When your coverage reduces or ends, you can convert the amount of reduced or lost coverage within 31 days as described in the Conversion section below.

MetLife will mail you a conversion/continuation packet. Packets are sent via U.S. mail three to five business days after MetLife receives the eligibility file from PEBA. To continue your coverage, follow the instructions included in your packet from MetLife. Coverage must be continued within 30 days of the date of coverage is lost due to approved retirement or approved disability retirement.

If you have questions about your options for continuing your insurance coverage once you receive your conversion/continuation packet, contact MetLife at 888.507.3767. If you continue your coverage, you will receive a bill and pay your premiums directly to MetLife.

Retiree life insurance beneficiary designation

When you elect to continue your Optional Life coverage upon retirement, you will need to designate a beneficiary on the *Retiree Life Continuation Enrollment Form* that you receive in your conversion/continuation packet from MetLife.



Once you are enrolled, you may review or update your beneficiary designation information by visiting MetLife's website at [metife.com/mybenefits](https://www.metlife.com/mybenefits). Register and create your own unique user ID and password. Using the website will allow you to make designations quickly and easily, limiting paperwork and speeding up processing time.

Conversion

You may convert your Basic, Optional and Dependent Life coverage upon retirement to an individual whole life insurance policy, a permanent form of life insurance, without providing evidence of insurability. Your premium for the new policy will be set at MetLife's standard rate for the amount of coverage that you wish to convert and your age. You may not apply for more than the amount of life insurance you had under your terminated group life insurance.

MetLife will mail you a conversion/continuation packet. Packets are sent via U.S. mail three to five business days after MetLife receives the eligibility file from PEBA.

MetLife has contracted with Massachusetts Mutual Life Insurance Company (MassMutual) to help with converting coverage. To apply, contact MassMutual at 877.275.6387 and refer to the *Conversion Notice* included in the packet. The policy will be issued without medical evidence if you apply for and pay the premium within 31 days. If you miss the deadline, you will forfeit your right to convert your life insurance.



1 South Park Circle, Suite JB100 MSC 800
 Charleston, SC 29425
 Ph: 843-792-2607
 Fax: 843-792-9533

Salary Reduction Agreement For Annual Leave Payouts

Indicate one appropriate action:

Check all that apply:

- Monthly Paid
 Biweekly Paid
 MUSC Physicians Member

By this agreement made between _____ (Employee Name) and the Medical University of South Carolina (Employer), the parties hereto agree as follows:

1) Effective with amounts earned by the employee for Annual Leave payouts occurring after the date of acceptance of this agreement by the employer responsible for ensuring that the amount of salary reduction does not exceed the amount permitted under Section 415 and 415 © of the Internal Revenue Code.

2) The total contribution requested by the employee is _____. The employee is responsible for ensuring that the contributions do not exceed the amount permitted under Section 402 (g), 403(b) and 414 (v) of the Internal Revenue Code.

3) The Employer will remit this contribution to employee _____ (plan). The plan was selected by the without undue influence by the Employer.

4) This agreement shall be legally binding and irrevocable with respect to the payout of any unused Annual Leave. This agreement is in accordance with Payroll Policy **.

5) This agreement is not a contract of employment between employer and employee and shall not affect which would otherwise be due the employee if this agreement had not been executed. If any portion of this agreement is in conflict with the employee's contract of employment, the contract of employment will control.

Employee ID

Employee Work/Pager#

Employee Date of Birth

Employee Signature

Date

HRM USE ONLY

Payroll Code: _ _

Last Day Employed: ____/____/____

YTD Contribution*: _____ Projected YTD: _____

Regular Contribution Amount: _____

*Check 401(k) and/or 403(b) contribution totals

AL Contribution Amount: _____

Total Contribution Amount: _____

Employer Signature

Date

Supplemental Retirement Plans Contact Information

<p style="text-align: center;">401(k), 457, Roth 401(k) https://southcarolinadcp.gwrs.com</p>	<p style="text-align: center;">South Carolina Deferred Compensation Program</p>	<p>Bruce Liegel 843-830-5212 bruce.liegel@empower-retirement.com</p>
<p style="text-align: center;">403(b) www.myretirementmanager.com</p>	<p style="text-align: center;">AIG Retirement Services</p>	<p>Crystal Avant 843-300-8767 crystal.avant@aig.com</p> <p>Mark Taylor 843-300-2775 marksc.taylor@aig.com</p> <p>Ryan Radloff 541-735-0739 Ryan.Radloff@aig.com</p>
	<p style="text-align: center;">Fidelity</p>	<p>Jared McVey 704-614-4167 jared.mcvey@fmr.com</p>
	<p style="text-align: center;">MassMutual</p>	<p>Hugh Kinlaw 413-209-2128 hubert.kinlaw@empower-retirement.com</p>
	<p style="text-align: center;">MetLife</p>	<p>Peter Collins 843-343-7634 PCollins@familyfmg.com</p>
	<p style="text-align: center;">TIAA</p>	<p>Terry Pait 704-988-4882 tpait@tiaa.org</p>