

Retirement/Resignation Processing Checklist

This checklist identifies the forms needed to transition from active to retired employee status.

- Group A forms are requirements of CalSTRS or CalPERS agencies for processing a retirement. Other forms may be required to address your unique situation. For assistance with identifying and/or completing specific retirement system forms employees must contact the appropriate agency.
- Group B and C forms are requirements of the District to process your separation and continue your health benefits as a retiree.
- If you are unsure of which retirement group you are a member of, please contact Humans Resources at (209) 575-6968.

Please note that processing a retirement and resigning from the District are legal processes subject to State statute and specific timelines. District staff can only answer general questions and provide you with guidance to the retirement/resignation/retiree health benefit application processes. It is your responsibility to complete the forms accurately, to provide any required documentation, and to submit the required document within stated timelines.

\checkmark	Form Title	Form Number	OBTAIN FROM	SUBMIT TO	RECOMMENDED PROCESS/TIMELINE
	UP A: RETIREMENT SYST				
• Ca	lifornia State Teachers R	etirement Syste			
	Service Retirement Application	SR-0059	CalSTRS Phone: (800) 228-5453 http://www.calstrs.com/	STRS Membership Services Center	 Signed Forms must be received by CalSTRS: No earlier than six months prior to retirement date No later than the last business day of the month in which the employee retires
	Express Benefit Report (Sick Leave Reporting)	SR-0554E		YCCD HR Office	Will be processed within 30 days after retirement date and submitted to CalSTRS on your behalf.
• Ca	lifornia Public Employees	s' Retirement S	ystem (CalPERS)		
	Service Retirement Election Application ^{*1}	PPERS- BSD-369-S	CalPERS Phone: (888) 225-7377 https://www.calpers.ca.gov	CalPERS Benefit Services Division	No more than three months (90) days before retirement date
Gro	UP B: YCCD FORMS		<u> </u>		
	Resignation Form ^{*2}		YCCD Website https://www.yosemite.edu/ hr/offboarding_retirement_ resignation	 Supervisor CC: VC of HR 	On or before submission of retirement application to CalSTRS or CalPERS
	YCCD Application for Retiree Health Benefits (all retirees)		YCCD Website https://www.yosemite.edu/ benefits/retireebenefits/	YCCD Benefits Office	At least 30 days before resignation/retirement date to avoid lapse in coverage
	Voluntary Life Portability/Continuation Term Life Insurance (If enrolled)	LM-613191f	YCCD Benefits Office Phone: (209) 575-6981	NEBCO PO Box 152501 Irving, TX 75015	Submit portability form, provided by the Benefits office within 10 days of resignation/retirement date.
GRO			CIAL SECURITY ADMINISTRA		
	For those Retirees/Dependents who are eligible for YCCD Benefits and are near or over age 65, proof of Medicare A & B enrollment is required.				
	1. Apply to SSA for Medicare Part A/B		Local Social Security Office		Apply to Social Security Administration at least 90 days prior to retirement
pena	lties will be applied directly	y to the retiree.			provided, substantial monthly
2. F		ement/resignation	rough the Human Resources a on notification must happen by		