

RETIREMENT PLANNING CHECKLIST

DRS

DEADLINE	COMPLETED	TASK	CONTACT
<u>N/A</u>	<u> </u>	Request Official Benefit Estimate	DRS
<u>6/1/16</u>	<u> </u>	Apply for Retirement	DRS
<u>5/1/16</u>	<u> </u>	Apply for Life Insurance <i>(only apply if using in lieu of survivorship option)</i>	Financial Professional
<u>6/30/16</u>	<u> </u>	Complete & Submit Enrollment Kit	Self

PEBB

DEADLINE	COMPLETED	TASK	CONTACT
<u>N/A</u>	<u> </u>	Request Enrollment Guide	HR or PEBB
<u>10/1/16</u>	<u> </u>	Complete & Submit Enrollment	Self
<u>10/1/16</u>	<u> </u>	Request Drug Questionnaire <i>(only contact if using Premera Part F)</i>	SHIBA
<u>10/1/16</u>	<u> </u>	Submit Drug Questionnaire <i>(only submit if using Premera Part F)</i>	SHIBA
<u>10/1/16</u>	<u> </u>	Enroll in Prescription Plan - Part D <i>(only enroll if using Premera Part F)</i>	SHIBA

VEBA TRUST

DEADLINE	COMPLETED	TASK	CONTACT
<u>N/A</u>	<u> </u>	Request VEBA Enrollment	HR
<u>6/30/16</u>	<u> </u>	Complete & Submit Enrollment	VEBA
<u>N/A</u>	<u> </u>	Request & Submit Auto Reimbursement <i>(Optional)</i>	VEBA

MEDICARE

DEADLINE	COMPLETED	TASK	CONTACT
<u>Age 65</u>	<u> </u>	Apply & Enroll in Part A & B	SSA

SOCIAL SECURITY

DEADLINE	COMPLETED	TASK	CONTACT
<u>N/A</u>	<u> </u>	Apply & Enroll	SSA

PLAN 3 - DEFINED CONTRIBUTION

DEADLINE	COMPLETED	TASK	CONTACT
<u>N/A</u>	<u> </u>	Re-Classify as an IRA <i>(Optional)</i>	Financial Professional

OPTIONAL

DEADLINE	COMPLETED	TASK	CONTACT
<u>N/A</u>	<u> </u>	Long-Term Care Insurance	Financial Professional
<u>N/A</u>	<u> </u>	Postion Retirement Accounts according to goals, taxation, and time horizon	Financial Professional

CONTACTS

CONTACT	PHONE	WEB
DRS	(800) 547-6657	www.drs.wa.gov
PEBB	(800) 200-1004	www.hca.wa.gov
SHIBA	(206) 727-6221	N/A
VEBA Trust	(888) 828-4953	www.veba.org
SOCIAL SECURITY ADMIN. (SSA)	(800) 772-1213	www.socialsecurity.gov
EMPOWER (Plan 3)	(888) 327-5596	www.drs.wa.gov
CHRIS WHEELER (Financial)	(425) 505-0400	chris@opalws.com