

Retirement Checklist

Do you have an employer?

About six months before you retire, sit down with someone from your HR department and go over this checklist. Every company handles retirement a bit differently – so be sure to work closely with HR throughout the process.

- Give notice of your retirement date.
- Ask if you need to submit a formal retirement letter.
- See what benefits, if any, will be available to you in retirement.
- Find out the last day you'll be covered under your employer's health plan.
- Keep your dependents or spouse in mind and find a health plan for them.
- Take a look at your vacation and sick time.
- Make sure your correct, current address is on file.
- Discuss any other steps you'll need to take leading up to your last day.

Because some moments in life should be as easy as checking a box.



Have questions about your health care coverage along the way?

Give Highmark a call at **888-398-2012** (TTY call 711), Oct. 1 – March 31, 8 a.m. – 8 p.m., seven days a week, and April 1 – Sept. 30, 8 a.m. – 8 p.m. Monday – Friday.

There is no obligation to enroll.

For accommodations of persons with special needs at meetings, call 1-800-350-4135 and TTY may call 711.

Highmark Blue Shield is a Medicare Advantage HMO, PPO, and/or Part D plan with a Medicare contract. Enrollment in these plans depends on contract renewal.

Benefits and/or benefit administration may be provided by or through the following entities, which are independent licensees of the Blue Cross Blue Shield Association:

Central and Southeastern PA: Highmark Inc. d/b/a Highmark Blue Shield, Highmark Health Insurance Company, Highmark Choice Company or Highmark Senior Health Company.

Northeastern NY: Highmark Western and Northeastern New York Inc. d/b/a Highmark Blue Shield.

All references to “Highmark” in this document are references to the Highmark company that is providing the member’s health benefits or health benefit administration and/or to one or more of its affiliated Blue companies.

The Plan complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex.

Pennsylvania, Delaware, West Virginia, and New York: 1-844-679-6930 (TTY: 711)

Tenemos servicios gratis de interpretación para responder cualquier pregunta que pueda tener sobre nuestro plan médico o de medicamentos. Para obtener un intérprete, simplemente llame al número correspondiente a su estado de residencia. Alguien que hable español puede ayudarlo. Este servicio es gratis.

我们免费提供口译服务，为您解答有关我们健康计划或药物计划的任何疑问。如需口译服务，只需拨打您所在州相应的电话号码即可。说中文的工作人员可为您提供帮助。此项服务免费。