

SUBMIT THE FOLLOWING

Retirement Benefit Estimate and Election Form, completed **online [Election Form](#)**, or a letter with your name, employee #, retirement date, retirement option, and signature. Let your employer know your retirement date.

[Beneficiary Designation Form](#) and any required documentation

[Federal and California Tax Withholding Forms \(W-4P/DE-4P\)](#)

[LACERA Direct Deposit Authorization Form](#) and a voided check.

Certificate of Marriage or a State of California Certificate of Registered Domestic Partnership:

Submit original certified document or a photocopy with certification attestation form.

Conformed divorce/dissolution of partnership documents for legal review (Judgment of Dissolution, Notice of Entry of Judgment, and Qualified Domestic Relations Order): Complete as early as possible since the review process is 90 business days and other documents may be required.

SPECIAL CIRCUMSTANCES

[LACERA Special Durable Power of Attorney Form](#)

For Plan E members subject to the [Windfall Elimination Provision \(WEP\)](#): Those who worked for the county prior to January 1983 are subject to the Plan E offset. To minimize the offset, submit your WEP-reduced Social Security statement. You must provide your Social Security statement to LACERA within six month of your retirement date

For beneficiaries under Retirement Option Unmodified+Plus or Options 2, 3, or 4: Submit a photocopy of the beneficiary's original, certified birth certificate or Certificate of Naturalization with attestation form attached or a photocopy of a valid passport.

OTHER POSSIBLE PRE-RETIREMENT TRANSACTIONS

Incomplete contract: 120 days to complete contract, or contract is prorated

Prospective Plan Transfer or Open Window Plan Transfer

Previous service credit purchase

Buybacks to enhance the highest average compensation for pension calculation

Termination pay deferral (sick, holiday, vacation) may be eligible to rollover. Contact Empower's Pasadena office at: 800-947-0845 and/or www.countyla.com



IF YOU CHANGE YOUR MIND

- **To [rescind your retirement](#):** Notify LACERA in writing, including your signature, at least one business day, before 5 p.m., prior to your retirement date and notify your employer.
- **To [change your retirement date](#):** Notify LACERA in writing at least one business day prior to your retirement date, and notify your employer.

IMPORTANT DATES TO REMEMBER *If you do not know these dates, [contact us](#) to speak with a retirement benefit specialist.*

EVENT	DATE
Update your My LACERA account with your personal (not department) email and physical address.	
Last day to change or rescind retirement date	
Last day to change Retirement Option before retirement	
Last day of work	
First date of retirement (Do not report to work!)	
Unmodified option only: Last day to change to a different payment option (prior to first payment).	
Last County of Los Angeles paycheck	
Expected date of direct deposit	
Last day of County medical/dental coverage	
Effective date for LACERA-administered medical and dental/vision coverage	
Ask for the effective date for Medicare Part B coverage and premium amount verification when you apply with Social Security.	

RETIREE HEALTHCARE INSURANCE

(Phone: 800-786-6464)

For eligible Fire Department employees' Local 1014 Medical Insurance, call 310-639-1014

After retirement, you will receive an insurance packet containing healthcare information, including a form to request retiree healthcare enrollment forms. **If you signed up for medical/dental/vision retiree healthcare during your retirement counseling session or if you have already submitted your healthcare enrollment forms, there is no need for you to return the request form** for insurance enrollment forms. Contact LACERA's Retiree Healthcare Division for assistance.

You have 60 days from the date of your retirement or 60 days from the date that your name appears on the Board Agenda to enroll in a retiree healthcare plan in order to avoid the waiting period (six months for medical; one year for dental/vision).

[Medical Plan New Enrollment/Change/Cancellation form](#)

[Dental and Vision Plan New Enrollment/Change/Cancellation form](#)

[Universal Enrollment Form for Medicare Advantage Prescription Drug Plan \(MA-PD\)](#)

Medicare documentation: Copy of Medicare Part A and B card with effective dates or verification of Medicare eligibility/noneligibility from Social Security (one for each enrollee), Medicare Part B premium amount verification, or copy of bill from Medicare.

Enrollment form and original birth certificate for eligible dependent(s): Additionally for adopted children: certified copy of the adoption order. For handicapped children: current physical or mental handicap verification form, physician statement, proof of continuous coverage for handicapped child, and proof of financial support.