

# When an employee decides to retire, the employee needs to:

- Notify their agency of their date of retirement. Typically, it is important the last day to NOT be the 1st of any month. **If an employee retires on the 1<sup>st</sup> then all current coverage would end that day.** If an employee retires any other day of the month, then they will continue to have coverage in force through the end of the month.
- Decide if they want to continue with the SEHP Medical coverage upon retirement. **If the Retiree does not elect Direct Bill nor COBRA, they will not be able to return to SEHP Medical coverage later.**
- If Medicare eligible, the primary member must be enrolled in both **Medicare Part A and Part B** to enroll in a Medicare Direct Bill. If the member is enrolled only in Part A, the member must obtain from their agency Medicare Part B memo (forms in MAP) to take to their local Social Security office to enroll in Medicare Part B and Part D.
- If the Retiree is electing one of the Kansas Senior Plans, they must indicate if they want to maintain the **SEHP Part D drug coverage**. The Retiree has the option of electing the SEHP Part D drug coverage each year at Open Enrollment as long as they have some coverage with the SEHP Retiree Program. If the Retiree does not keep the SEHP Part D drug coverage, they need to obtain an Agency Medicare Memo Part B from their agency HR that indicates they have had creditable drug coverage before retirement. If the Retiree is electing one of the Medicare Advantage Plans, Part D coverage is included in their coverage automatically.
- Decide if they want to maintain the **Dental and Prescription Eyewear coverage** with the SEHP.
- If medical coverage is dropped, dental and vision coverage can continue. The employee may drop medical coverage and still have Dental and/or Prescription Eyewear coverage. It is important to note that if medical or dental is dropped, they will not be able to re-enroll later. Prescription Eyewear coverage can be added or dropped each year, provided the Retiree has medical and/or dental coverage with the SEHP Retiree Program.**
- If a Retiree drops/waives ALL coverage from the SEHP, they will not be able to re-enroll at a later date.
- Include a copy of all applicable Medicare cards or a letter from Social Security indicating their Medicare number and effective dates for Medicare Part A and B. **Enrollment in the Medicare Direct Bill program cannot be completed without the Medicare information.**
- Provide appropriate dependent documentation for any dependents to be included in their coverage if dependent documentation has not previously been submitted to the SEHP.
- IMPORTANT!** If you have *waived Medicare Part A* and are contributing to an HSA, you must **STOP** contributing to your HSA 6 months before you apply for Medicare, if you are over age 65! You will need to sign in to MAP and click on the Mid-Year Benefits Changes tab and click on the blue "Start a New Request" button.