



## HUMAN RESOURCES DEPARTMENT RETIREMENT PLANNING CHECKLIST

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### **3 YEARS PRIOR TO RETIREMENT:**

- Submit Retirement Allowance Estimate Request to CalPERS. Date Completed \_\_\_\_\_  
(Can be done via PERS form or On-line via CalPERS website)
- Submit application for Deferred Compensation **3 Year** Catch-Up Provision to HR.\*\* Date Completed \_\_\_\_\_

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### **1 YEAR PRIOR TO RETIREMENT:**

- Submit Retirement Allowance Estimate Request to CalPERS. Date Completed \_\_\_\_\_  
(Can be done via PERS form or On-line via CalPERS website)
- Contact Deferred Compensation representative(s) for projections.\*\* Date Completed \_\_\_\_\_
- Contact Social Security Administration for possible benefits.\*\* Date Completed \_\_\_\_\_
- Attend Part I and Part II City "Retirement Planning" Sessions. Date Completed \_\_\_\_\_

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### **90 DAYS PRIOR TO RETIREMENT:**

- Schedule Appt. with CalPERS to complete Retirement Application Date Completed \_\_\_\_\_
- Submit Retirement Application to CalPERS Date Completed \_\_\_\_\_  
(Can be done via mail, in-person at PERS office or on-line via CalPERS website)
- Submit Service Credit Purchase Request Form to CalPERS.\*\* Date Completed \_\_\_\_\_
- Contact HR on Deferred Comp. Service Credit Purchase Transfer.\*\* Date Completed \_\_\_\_\_

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### **1-2 MONTHS PRIOR TO RETIREMENT:**

- Submit a Retirement/Resignation Form to Supervisor or Manager. Date Completed \_\_\_\_\_
- Contact Payroll at 951-826-5621 regarding any final payouts Date Completed \_\_\_\_\_
- Submit Final Payout Rollover (Deferred Comp transfer) Form to HR.\*\* Date Completed \_\_\_\_\_
- If 20 years of service with SEIU/Refuse submit Retiree Health Insurance Supplement Affidavit Form.\*\* Date Completed \_\_\_\_\_

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### **LAST DAY AT WORK:**

- Return ALL City issued items to Supervisor or Manager. Date Completed \_\_\_\_\_

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### **NO LATER THAN 30-60 DAYS AFTER RETIREMENT:**

- Submit health, vision, and dental insurance forms back to PayPro.\*\* (60 days) Date Completed \_\_\_\_\_
- Submit life insurance continuation forms to HR Benefits Division. \*\*(30 days) Date Completed \_\_\_\_\_

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**Note:** Retirement forms can be accessed online: <http://www.riversideca.gov/human/benefits/> under the [Benefit Forms](#) & [Retiree/COBRA](#) pages.

\*\* This retirement checklist item may not be applicable.

\*\*\*Please review the attached Contact List for specific address and phone numbers for each Provider.\*\*\*

## RETIREMENT PLANNING CONTACT LIST

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### Retirement Benefits

CalPERS  
650 East Hospitality Lane, Suite 330  
San Bernardino, CA 92408  
(888) 225-7377  
[www.calpers.ca.gov](http://www.calpers.ca.gov)

Social Security Administration  
6401 Security Blvd.  
Baltimore, MD 21235  
(800) 772-1213  
[www.socialsecurity.gov](http://www.socialsecurity.gov)

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### Deferred Compensation

Empower Retirement Services  
PO Box 173764  
Denver, CO 80217-3764  
(800) 701-8255  
[www.empower-retirement.com](http://www.empower-retirement.com)

ICMA-RC  
P.O. Box 96220  
Washington, DC 20090-6220  
(800) 669-7400  
[www.icmarc.org](http://www.icmarc.org)

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### City of Riverside

Human Resources  
Benefits Division  
3900 Main Street (5<sup>th</sup> Floor)  
Riverside, CA 92522  
(951) 826-5639  
<http://www.riversideca.gov/human/benefits/>

<http://www.riversideca.gov/finance/>

Finance  
Payroll Division  
3900 Main Street (6th Floor)  
Riverside, CA 92522  
(951) 826-5838

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### Retiree Benefit Administration

PayPro Administrators  
6180 Quail Valley Court  
Riverside, CA 92507  
(951) 656-9273 Ext. 232  
[www.pagroup.us](http://www.pagroup.us)

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### Medical Providers

Anthem Blue Cross  
Customer Service  
P.O. Box 60007  
Los Angeles, CA 90060-0007  
HMO (800) 227-3613  
PPO (800) 477-2226  
[www.anthem.com/ca/](http://www.anthem.com/ca/)

Kaiser Permanente  
Customer Service  
(800) 464-4000  
[www.kp.org](http://www.kp.org)

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### Dental Providers

Delta (DHMO)  
Customer Service  
12898 Towne Center Drive  
Cerritos, CA 90703-8579  
(800) 422-4234  
[www.deltadentalins.com](http://www.deltadentalins.com)

Delta Dental (DPO)  
Customer Service  
P.O. Box 997330  
Sacramento, CA 95899-7330  
(888) 335-8227  
[www.deltadentalins.com](http://www.deltadentalins.com)

Local Dental Advantage  
Capitol Admin -Customer Service  
P.O. Box 2318  
Rancho Cordova, CA 95741  
(800) 331-5301  
[www.riversidedentalgroup.com](http://www.riversidedentalgroup.com)

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### Vision Provider

Vision Service Plan (VSP)  
3333 Quality Drive  
Rancho Cordova, CA 95670  
(800) 877-7195  
[www.vsp.com](http://www.vsp.com)