



Ensure the most current form is submitted. Refer to EMACS Forms/Procedures website.

# CHECKLIST FOR RETURNING RETIREE

Must print in Black or Blue ink ONLY

<b>Employee ID</b>	<b>Rcd. No.</b>	<b>Last Name, First Name</b>
<b>Department</b>		

### PREREQUISITE

[Manual PR - Include copy with packet](#)

[Post Retirement Verification](#)

Online PR

**Note:** Personnel Requisition (PR) must be completed and sent to Employment-Human Resources prior to completing this packet. Post Retirement Verification form needs to be completed prior to On-board.

### REQUIRED

[Beneficiary Designation for Last Paycheck \(Last Warrant Designation\)](#)

[Policy Acknowledgment](#)

[Direct Deposit Authorization](#)

[Provided employee a Required Notice of New Health Insurance Marketplace options \(notice must be provided within 14 days of hire\)](#)

[Employment Status and Wage Notification](#)

[Returning Retiree](#)

[Job Action Request \(JAR\)](#)

[SBCERA Certification - Re-employment of SBCERA Retiree](#)

[I-9 and E-Verify, Employment Eligibility Verification](#)

[Oath of Affirmation or Allegiance](#)

[Social Security Form \(Form SSA-1945\)](#)

[Personal Information/Emergency Contacts](#)

[DE-4, State Withholding Allowance Certificate](#)

[W-4, Federal Withholding Allowance Certificate](#)

### REQUIRED (IF APPLICABLE)

[Combined Giving Campaign Contribution Election Agreement](#)

[Occupational Injury-Illness Personal Physician Request](#)

[Bronze Plan Enrollment Form #](#)

[Position Number Request](#)

[Declination Agreement for Essential Health Plan](#)

[Underfill Agreement](#)

CEHW Clearance Date: \_\_\_\_\_

### NO COPIES NEEDED IN PACKET

[Beneficiary Designation for VOYA\\*\\*](#)

[Bilingual Forms](#)

[Form 700](#)

**Incomplete Packets Will Be Returned**

Distribution: EMACS-HR (0030)

# Applies to employees working 30 hours or more per week who are not covered by an MOU/Compensation Plan