



Retirement Separation Form

Please review this document thoroughly to understand the details of your Washburn benefits upon retirement. Additionally, you may find the checklist in the section "Thinking About Retirement" on our [RETIREMENT PAGE](#) helpful.

TIAA Retirement Account

If you have questions regarding your TIAA retirement account, you may call TIAA at 800-842-2252 or reach out to one of our advisors below:

TIAA: contact Justin Pierce at justin.pierce@tiaa.org or call 785.856.4810.

INFINITAS: contact retirementplans@infinitaskc.com or call 913.563.7336.

Please note: If you are retiring from your benefit-eligible position and plan on beginning your distributions from TIAA, all employment with Washburn must be terminated. Any part-time temporary active employment may delay initial distributions from TIAA. You must also have met the vesting requirement to withdraw from employer contributions. If you have any questions on vesting, please email benefits@washburn.edu.

In the event you are subsequently rehired by Washburn, you may request an in-service withdrawal from your TIAA accounts and, to the extent you had commenced periodic distributions prior to your date of rehire, you may continue to receive those distributions following rehire.

Personal Leave

If you're in a position that accrues paid leave, all accrued and unused Personal Leave is expected to be paid out on your last paycheck. Unused Sick Leave and Floating Day are not payable to employees upon retirement.

Health, Dental, Vision Insurance and Flexible Spending Account(s)

Your coverage will remain in effect until the last day of the month in which you retire.

Disability and Life Insurance

If enrolled in short-term and/or long-term disability, your insurance will terminate at the end of the month in which you retire.

If you are interested in continuing your life insurance, please read the [Portability and Conversion Letter](#) for more information.

Retiree Medical & Dental Insurance

If you are age 55 or older, you are eligible to transition your current medical and/or dental insurance to Retiree coverage. Retiree premium information is listed in the chart below.

You may continue under the retiree medical plan until you become Medicare eligible. Dependents/Spouses of retirees are eligible to continue medical coverage until they become Medicare eligible.

Both retirees and dependents are eligible to retain dental coverage as long as premiums are paid timely.

Your retiree coverage will be effective the 1st of the month after active coverage ends. BCBS KS may need approximately two weeks to transition your active coverage to retiree coverage.

Retiree Monthly Premium				
Plan	Retiree	Retiree + Child/ren	Retiree + Spouse	Family
Base Plan	781.12	1,531.06	1,588.41	2,317.83
Buy-Up Plan	796.8	1,560.97	1,619.49	2,372.66
High Deductible	781.12	1,531.06	1,588.41	2,317.83
Dental	35.39	80.69	75.73	121.03

Please complete page 4 of this document with your elections and return it to benefits@washburn.edu.

Retiree Insurance Payment Information

If you elect retiree coverage, you will be billed monthly by the Washburn University payroll department. Payment is due no later than the 15th of each month. Payments can be made in advance (quarterly, yearly, etc.). If payment is not received by the end of the month in which it is due, coverage will be cancelled and will not be reinstated.

Below is the link to make a payment online, as well as instructions on navigating the payment site.

[Make a Payment](#)

[Instructions for Making a Payment](#)

Continuing benefits under COBRA

Although you may continue with retiree coverage for Medical and Dental, Federal law requires that we give employees and their eligible dependents the opportunity to continue their health coverages through COBRA when employment ends. You will receive an email with COBRA continuation of coverage information for the following, if applicable: medical, dental, vision, healthcare flexible spending account and employee assistance program (EAP).

If you elected retiree medical/dental, or are already Medicare eligible, you may choose to continue your vision, healthcare flexible spending account(s) and/or EAP coverage through COBRA for 18 months after employment ends. See chart below for monthly COBRA premiums (COBRA rate includes a 2% administrative fee, which is not reflected in the retiree premiums found on page 2 of this document).

COBRA Monthly Premium				
	Employee	Employee + Child/ren	Employee + Spouse	Family
Base Plan	796.74	1,561.68	1,620.18	2,364.19
Buy-Up Plan	812.74	1,592.19	1,651.88	2,420.11
High Deductible	796.74	1,561.68	1,620.18	2,364.19
Dental	36.10	82.30	77.24	123.45
Vision	7.23	14.46	13.74	21.27
EAP	1.99	1.99	1.99	1.99

Health Care Flexible Spending Account funds can be continued through COBRA (Consolidated Omnibus Budget Reconciliation Act) if the account is "underspent"—meaning total contributions exceed reimbursements—at the time employment ends. Eligible employees may continue making post-tax contributions to access their remaining balance through the end of the plan year (December 31st).

- **Eligibility:** You must have an "underspent" account, where your annual election amount minus claims paid is greater than the remaining COBRA premiums due for the year.
- **Duration:** COBRA for HCFSA's generally lasts only until the end of the current plan year (December 31st), not the standard 18 months.
- **Payment:** Contributions are made on a **post-tax** basis plus a 2% administrative fee.
- **Forfeiture:** If you do not elect COBRA, you lose access to the HCFSA funds upon termination of coverage, though you may still have a "grace period" to submit claims for expenses incurred *before* termination of coverage.

Name: _____

WIN: _____

Retirement Date: _____

Contact Information

To ensure you continue to receive appropriate communication after retirement, please provide your current contact information below. If your contact information changes in the future, please email benefits@washburn.edu or call 785-670-1538.

Mailing Address: _____

Phone number: _____

Personal Email Address: _____

Retiree Health and Dental Election

Check all that apply:

I wish to elect retiree medical coverage for: ___myself ___spouse ___child(ren)

I wish to elect retiree dental coverage for: ___myself ___spouse ___child(ren)

I have reviewed this document and if I have questions I will notify benefits@washburn.edu.

I understand that retiree health and dental payments are due by the 15th of each month; if payment is not received by the end of the month in which it is due, coverage will be cancelled and will not be reinstated.

If I need to make any changes to my personal information or benefits, it is my responsibility to contact the benefits department at benefits@washburn.edu.

Please sign and return this completed form to benefits@washburn.edu as soon as possible to prevent a lapse in coverage.

Employee Signature: _____

Date: _____

This form is not intended to replace any legal plan documents. In case of a discrepancy between this form and the legal plan document, the legal plan document will govern in all cases. Legal plan documents can be found in the reference center located at washburnbenefits.com or by emailing benefits@washburn.edu.