

Employment verification record

1. BIN or last four digits of SSN		2. Last name		3. First name	
4. Telephone number		5. Date of birth		6. Type of retirement <input type="checkbox"/> Service <input type="checkbox"/> Disability (attach Disability Approval letter)	
7. Did you participate in TERI? <input type="checkbox"/> No <input type="checkbox"/> Yes – TERI end date: _____			8. Actual date of retirement: _____		
9. Name of current employer		Dates of employment (example Jan 2009 to Mar 2001)		Status <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time	Service credit (years and months) ____ Yrs ____ Mos
10. List previous employment with employers participating in one of the retirement systems administered by PEBA and/or with local subdivisions participating in PEBA's insurance benefits.					
Name of employer		Dates of employment (ex. Jan 2009 to Mar 2001)		Status <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time	Service credit (years and months) ____ Yrs ____ Mos
				<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time	____ Yrs ____ Mos
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				<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time	____ Yrs ____ Mos
				<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time	____ Yrs ____ Mos
11. Do you have any additional service time established with one of the retirement systems administered by the PEBA? (ex. purchased time, military, out-of-state, etc.)				<input type="checkbox"/> Yes (list time) <input type="checkbox"/> No	____ Yrs ____ Mos
12. Total years of service credit					____ Yrs ____ Mos

If you are a member of one of the defined benefit plans administered by PEBA, we will review your service records to determine eligibility for retiree insurance. Please check all that apply:

- | | |
|--|--|
| <input type="checkbox"/> South Carolina Retirement System | <input type="checkbox"/> Judges and Solicitors Retirement System |
| <input type="checkbox"/> Police Officers Retirement System | <input type="checkbox"/> General Assembly Retirement System |

This section should only be completed if you are a State Optional Retirement Program (State ORP) participant or the employee of an employer that does not participate in one of the retirement systems administered by PEBA. Your benefits administrator must verify your employment history **with his employer only** and sign the verification record. By signing below, you certify the information provided is complete and accurate.

- State Optional Retirement Program Employer does not participate in a PEBA administered retirement plan.

Service credit: _____ years _____ months

Benefits administrator's signature: _____ Date: _____

Enrollee's signature: _____ Date: _____