

Employment verification record

If you are within six months of your anticipated retirement date, please complete this form as thoroughly as possible. The information will be used to assist us in determining your insurance eligibility at retirement.

Please sign and date this form before returning it to PEBA.

1. BIN or last four digits of SSN	2. Last name	3. First name	
4. Current Address (Street, City, State, Zip)		Is this a new address? <input type="checkbox"/> Yes <input type="checkbox"/> No	
		Which would you like to use this address for: <input type="checkbox"/> Insurance <input type="checkbox"/> Retirement	
5. Date of birth	6. Telephone number	7. Email address	
8. Actual or anticipated date of retirement: _____		9. Have you, or do you intend to, apply for disability retirement? <input type="checkbox"/> Yes <input type="checkbox"/> No	
10. System enrolled (check all that apply): <input type="checkbox"/> SCRS <input type="checkbox"/> PORS <input type="checkbox"/> JSRS <input type="checkbox"/> GARS <input type="checkbox"/> ORP			
11. 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

Enrollee's signature: _____ Date: _____

12. 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	Service credit (years and months)
		<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time	____ Yrs ____ Mos
		<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time	____ Yrs ____ Mos
		<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time	____ Yrs ____ Mos
		<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time	____ Yrs ____ Mos
		<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time	____ Yrs ____ Mos
13. Have you purchased service credit?		<input type="checkbox"/> Yes (list time) <input type="checkbox"/> No	____ Yrs ____ Mos ____ Yrs ____ Mos
14. Total years of service credit			____ Yrs ____ Mos

Comments _____

<p>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.</p>	
<input type="checkbox"/> State Optional Retirement Program <input type="checkbox"/> Employer does not participate in a PEBA administered retirement plan.	
Service credit: _____ years _____ months (up to current date)	
Benefits administrator's signature: _____ Date: _____	