

## 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.

1. BIN or last four digits of SSN	2. Last name	3. First name	
4. Telephone number	5. Date of birth	6. Email address	
7. Actual or anticipated date of retirement:		8. Have you, or do you intend to, apply for disability retirement? <input type="checkbox"/> Yes <input type="checkbox"/> No	
9. 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			
10. 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
11. 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
		<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
12. Have you purchased service credit?		<input type="checkbox"/> Yes (list time) <input type="checkbox"/> No	____ Yrs ____ Mos ____ Yrs ____ Mos
13. Total years of service credit			____ Yrs ____ Mos

Comments \_\_\_\_\_

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 (up to current date)

Benefits administrator's signature: \_\_\_\_\_ Date: \_\_\_\_\_

Enrollee's signature: \_\_\_\_\_ Date: \_\_\_\_\_