



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. Mail the completed form to S.C. PEBA, 202 Arbor Lake Drive, Columbia, SC 29223.

| | | | |
|---|---|---|----------------|
| 1. BIN or last four digits of SSN | 2. Last name | 3. First name | |
| 4. Current address (Street, City, State, ZIP) | | Use this address for: <input type="checkbox"/> Both insurance and retirement <input type="checkbox"/> Insurance only <input type="checkbox"/> Retirement only | |
| 5. Date of birth | 6. Telephone number | 7. Email address | |
| 8. Actual or anticipated date of retirement | | 9. Have you applied, 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"/> State ORP <input type="checkbox"/> None <input type="checkbox"/> Other retirement plan | | | |
| 11. Name of current employer | Dates of employment (example March 2001 to January 2009) | Status <input type="checkbox"/> Permanent <input type="checkbox"/> Temporary | Hours per week |

Benefits administrator signature: _____ **Date:** _____

Required for State ORP participants and employees on non-PEBA retirement benefit employers

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|--|---|--|----------------|
| 12. List previous employment with employers participating in one of the retirement systems administered by PEBA and/or with an optional employer participating in PEBA's insurance benefits. | | | |
| Name of employer | Dates of employment (example March 2001 to January 2009) | Status | Hours per week |
| | | <input type="checkbox"/> Permanent <input type="checkbox"/> Temporary | |
| | | <input type="checkbox"/> Permanent <input type="checkbox"/> Temporary | |
| | | <input type="checkbox"/> Permanent <input type="checkbox"/> Temporary | |
| | | <input type="checkbox"/> Permanent <input type="checkbox"/> Temporary | |
| | | <input type="checkbox"/> Permanent <input type="checkbox"/> Temporary | |
| 13. Have you purchased, or do you intend to purchase, service credit? | | <input type="checkbox"/> Yes (list time) <input type="checkbox"/> No | |
| Please explain any breaks in the last five years. | | | |
| Employee signature: _____ | | Date: _____ | |

Required if updating your address