



# Service Verification

TO: _____	<b>Requesting System's Contact Information</b> Retirement Analyst: _____ Phone Number: _____ Fax Number: _____
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**REQUESTED EMPLOYMENT INFORMATION**  
 (To be completed by the requesting retirement system)

Our member as of \_\_\_\_\_ has requested to purchase service credit for the following period(s) with our retirement system:  
 (Membership Date)

**Member Name:** \_\_\_\_\_ **SSN:** XXX-XX-\_\_\_\_ **CID:** \_\_\_\_\_ **DOB:** \_\_\_\_\_  
**Address:** \_\_\_\_\_ **City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_

Employer	Position Title	Approximate Dates Requested	Status
		-	<input type="checkbox"/> Full Time <input type="checkbox"/> Part-Time
		-	<input type="checkbox"/> Full Time <input type="checkbox"/> Part-Time
		-	<input type="checkbox"/> Full Time <input type="checkbox"/> Part-Time

**PRIOR EMPLOYMENT INFORMATION**  
 (To be completed by the certifying retirement system)

1. Current Status w/ your system: \_\_\_\_\_ As of: \_\_\_\_\_

**2. Employment History**

Employer	Position Title	Dates of Employment	Service	Refunded?	Safety?	PEPRA?
		-		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
		-		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
		-		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

3. Did this individual obtain membership in your retirement system?  YES\*  NO  N/A  
 \*PLAN TYPE:  Defined Benefit  Defined Contribution  Other: \_\_\_\_\_  
 \*Membership Date: \_\_\_\_\_

4. Is this member eligible to redeposit this service credit with your system?  YES\*  NO  N/A  
 \*If Yes, will full reciprocal benefits apply?  YES  NO  
 \*If a redeposit is elected, will the member be eligible to receive a benefit?  YES  NO  N/A

5. Has the member ever purchased/elected/pending purchasing service credit with your system?  YES (Complete table)  NO  N/A

Type of Purchase	Employer	Position Title	Period Dates	Service
			-	
			-	

6. **REMARKS:**

7. **CERTIFIED BY:** \_\_\_\_\_ 8. **TITLE:** \_\_\_\_\_ 9. **PHONE:** \_\_\_\_\_  
 (Print Name)  
 10. **DATE:** \_\_\_\_\_ 11. **RETIREMENT SYSTEM:** \_\_\_\_\_

INSTRUCTIONS		
	TITLE	DEFINITION
1.	<i>Current Status w/ your system</i>	Indicate the member's current status and effective date of that status: <ul style="list-style-type: none"> <li>• <b>Active:</b> Membership date</li> <li>• <b>Inactive:</b> Separation date</li> <li>• <b>Inactive deferred:</b> Separation date</li> <li>• <b>Refunded:</b> Refund date</li> <li>• <b>Retired:</b> Retirement date</li> </ul>
2.	<i>Employment History</i>	Complete the table to document the member's employment history with your system. (if there is additional employment periods, attach another document.)
	<i>Employer</i>	Name of employer (Break out for different employers or for breaks in service with the same employer).
	<i>Position Title</i>	Member's position title for the employment periods. (if unavailable, indicate "unknown")
	<i>Dates of Employment/ Membership</i>	Dates of employment (from/to) with the employer
	<i>Service</i>	The years of service that were credited to the member as a result of employment and that could qualify them for vesting to retire.
	<i>Refunded?</i>	Yes/No: Did the member terminate this employment period and refund their contributions?
	<i>Safety?</i>	Yes/No: Was the employment period under a safety classification, i.e. law enforcement or active fire suppression or prevention?
	<i>PEPRA?</i>	Yes/No: Was the employment period under your system subject to the Public Employees' Pension Reform Act (PEPRA)?
3.	<i>Did this individual obtain membership in your retirement system?</i>	Yes/No: Was the individual a contributing member of your retirement system? If yes, indicate the type of plan, Defined Benefit, Defined Contribution, or other retirement plan. Also, indicate the membership date in that plan.
4.	<i>Is this member eligible to redeposit this service credit with your system?</i>	Yes/No: If "Yes", indicate if full reciprocal benefits will apply. Also indicate if a redeposit is elected, will the member be eligible to receive a benefit.
5.	<i>Has the member ever purchased/elected/pending purchasing service credit with your system?</i>	Yes/No: Did the member purchase additional service credit under your system? If yes, complete the table below. (if there are additional purchases/elections, attach another document.)
	<i>Type of Purchase</i>	Name of service credit purchase (i.e. Military, any service prior to becoming a member)
	<i>Employer</i>	Name of employer associated the service credit purchase (if applicable)
	<i>Position Title</i>	Member's position title during the purchased service period (if applicable)
	<i>Period Dates</i>	Dates associated to the service credit purchase (i.e. military service dates, leave of absence dates)
	<i>Service</i>	Number of years of service purchased
6.	<i>Remarks</i>	May be used to elaborate on any information indicated above.
7.	<i>Certified By</i>	Name of authorized personnel from the retirement system
8.	<i>Title</i>	Authorized personnel's position title
9.	<i>Phone</i>	Authorized personnel's direct business phone number
10.	<i>Date</i>	Date certified by authorized personnel
11.	<i>Retirement System</i>	Name of retirement system