



STATE OF DELAWARE
OFFICE OF PENSIONS

CONTRIBUTIONS
RETENTION NOTICE

PLEASE COMPLETE AND RETURN FORM TO THE OFFICE OF PENSIONS

Name:	EMPID/SSN:
Phone Number:	Email Address:
Address:	

Delaware Public Employees' Retirement System

I have terminated employment with _____

(Name of Organization)

effective _____. I hereby elect to leave my accumulated pension contributions in the Delaware Public Employees' Retirement System (DPERS) and continue to earn interest at a rate established by the Board of Pension Trustees. **I have less than the required years of service in a pension covered position to collect a future pension.** I understand that if I have more than the required years of service in a pension covered position, I must file a vested pension application through my organization's Human Resources Office.

Also, by leaving the contributions in DPERS, I retain my status as a member of the Retirement Plan should I later return to service in a pension covered position and subsequently accumulate sufficient years to restore my prior service credits.

I understand that by leaving my contributions in the Retirement Fund, I must notify the Office of Pensions of any address or name changes during the period this election is in effect.

X _____
SIGNATURE DATE

TO BE COMPLETED BY ORGANIZATION

I hereby certify that the above applicant has terminated employment with this organization effective _____
(Termination Date)
and that this employee does not have the required years of service in a pension covered position to receive a future pension.

_____	_____
Authorized Signature	Title
_____	_____
Name of Organization	Date