

**STATE OF DELAWARE**  
**STATE BOARD OF PENSION TRUSTEES**  
**AND**  
**OFFICE OF PENSIONS**  
**SLC: D570A**

**Application For Pension**

---

I hereby apply for a \_\_\_\_\_ pension under the State Employees' Pension Plan effective \_\_\_\_\_.

Name: \_\_\_\_\_ EMPLID: \_\_\_\_\_  
Street Address: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_ Home Telephone: \_\_\_\_\_  
Agency/School: \_\_\_\_\_ DEPTID: \_\_\_\_\_  
Position: \_\_\_\_\_ Email: \_\_\_\_\_

---

If *MARRIED*,

Spouse Name: \_\_\_\_\_ Spouse Date of Birth: \_\_\_\_\_  
Date of Marriage: \_\_\_\_\_

---

If *SURVIVOR PENSION*,

Former Employee's Name: \_\_\_\_\_ EMPLID: \_\_\_\_\_  
Date of Death: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

---

**CERTIFICATION BY AGENCY/SCHOOL**

I hereby certify that all information given for \_\_\_\_\_, applicant for pension, is accurate and true to the best of my knowledge and belief.

\_\_\_\_\_  
*(Authorized Agency/School Signature)*

\_\_\_\_\_  
*(Title)*

\_\_\_\_\_  
*(Date)*

Prepared by: \_\_\_\_\_

Phone No.: \_\_\_\_\_

Preparer's SLC: \_\_\_\_\_

### Schedule of Creditable Service for

Name: \_\_\_\_\_ EMPLID: \_\_\_\_\_

**NOTE: Pre-1999: Breaks in service listed on pay-cycle basis. Total service reflected by paycycle.**

**Post-1998: Breaks in service listed on day-by-day basis. Total service reflected by day.**

FROM			THROUGH			PERIOD COVERED			EMPLOYED BY STATE AGENCY OR SCHOOL
Month	Day	Year	Month	Day	Year	Years	Months	Days	
<b>TOTAL CREDITABLE SERVICE</b>									
<b>OTHER FULL TIME SERVICE</b> - Eligible for credit under Buy-In provisions. List separately and attach verification if other than State of Delaware employment.									
FROM			THROUGH			PERIOD COVERED			DESCRIPTION OF BUY-IN SERVICE
Month	Day	Year	Month	Day	Year	Years	Months	Days	
<b>TOTAL ELIGIBLE BUY-IN SERVICE</b>									
<b>GRAND TOTAL SERVICE FOR COMPUTING PENSION</b>									

**STATE OF DELAWARE  
STATE BOARD OF PENSION TRUSTEES  
AND  
OFFICE OF PENSIONS**

**CERTIFICATION BY APPLICANT (Cont'd)**

Name: \_\_\_\_\_ Emplid: \_\_\_\_\_

I am under age 65 and I understand that I may not simultaneously receive a monthly pension benefit and a paycheck for employment with an employer participating in the pension plan until after six (6) months from the effective date of retirement. This employment includes working for a participating employer as appointed official, as a casual/seasonal or substitute employee, as a contractor, with a contractor or with a temporary employment agency. After six (6) months, I may not receive a monthly pension benefit during a period of time that I am also receiving a paycheck for employment with a participating employer unless it is one of the following positions: Casual/Seasonal (working less than thirty (30) hours per week or if thirty (30) hours per week or more, not for a period to exceed twelve (12) months), Substitute (in a school and compensated on a daily basis) or in a position appointed by the Governor. I understand that the annual earnings limit in the aforementioned casual/seasonal or substitute position is \$30,000. I understand that if I earn more than annual limit, my pension benefit will be adjusted the following July by \$1 for every \$2 that I earn in excess of the limit. I understand that I may not be hired as a contractor, casual/seasonal or a substitute employee in what would otherwise be a pension creditable position.

I am age 65 or older and I understand that I may not receive a monthly pension benefit during a period of time that I am also receiving a paycheck for employment with an employer participating in the pension plan unless it is one of the following positions: Casual/Seasonal (working less than thirty (30) hours per week, or if thirty (30) hours per week or more, not for a period to exceed twelve (12) months, Substitute (in a school and compensated on a daily basis), or in a position appointed by the Governor. I understand that the annual earnings limit in the aforementioned casual/seasonal or substitute position is \$30,000. I understand that if I earn more than this annual limit, my pension benefit will be adjusted the following July by \$1 for every \$2 that I earn in excess of the limit. I understand that I may not be hired as a contractor, casual/seasonal or a substitute employee in what would otherwise be a pension creditable position.

\_\_\_\_\_  
*(Signature of Applicant)*

\_\_\_\_\_  
*(Date)*

Sworn to and subscribed before me this  
\_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

\_\_\_\_\_  
*(Notary Public)*