STATE OF DELAWARE
OFFICE OF PENSIONS

ACTUARIAL FORM
(NEW HIRE ONLY)

PLEASE COMPLETE AND RETURN FORM TO PENSION.FORMS@DELAWARE.GOV

A. Personal

☐ Male ☐ Female | Marital Status: ☐ Married ☐ Single ☐ Widowed

SSN: _____ Agency: OFFICE OF PENSIONS

First Name & Middle Initial: _____ Last Name: _____

Date of Birth: _____ Phone: _____ Alt Phone: _____

Address: _____

City: _____ State: _____ Zip Code: _____

B. Employment Data

Current Organization: _____

Department ID: _____ Date of Hire: _____

Plan: (check one) ☐ State Employees ☐ State Police ☐ Judiciary

☐ Legislative ☐ C/M General ☐ C/M Police/Fire ☐ Volunteer Fire

Previous State of Delaware pension creditable service: (do not include durational or casual/seasonal)

Organization: _____ From: _____ To: _____

Organization: _____ From: _____ To: _____

Organization: _____ From: _____ To: _____

Organization: _____ From: _____ To: _____

C. Other Service

Did you serve in the Armed Forces of the United States: ☐ Yes ☐ No

(If yes, please provide a DD-214)

Have you ever rendered full-time service in professional educational employment or full-time employment for another State or the Federal Government, a county or municipality of the State of Delaware, a political subdivision of the State of Delaware, or in an accredited private school or college? ☐ Yes ☐ No

(If yes, please submit documentation as requested on Other Governmental/Educational Service Verification Form under Active Members/Active Members Forms on our website.)

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Spousal Information (if applicable) ☐ Male ☐ Female

First Name & Middle Initial: _____ Last Name: _____

Address: _____ Phone: _____

Birth Date: _____ SSN: _____

Date of Marriage: _____

Dependent Information (if applicable) ☐ Male ☐ Female

First Name & Middle Initial: _____ Last Name: _____

Address: _____ Phone: _____

Birth Date: _____ SSN: _____

Relationship: _____ Disabled before the Age of 18: ☐ Yes ☐ No

Dependent Information (if applicable) ☐ Male ☐ Female

First Name & Middle Initial: _____ Last Name: _____

Address: _____ Phone: _____

Birth Date: _____ SSN: _____

Relationship: _____ Disabled before the Age of 18: ☐ Yes ☐ No

Dependent Information (if applicable) ☐ Male ☐ Female

First Name & Middle Initial: _____ Last Name: _____

Address: _____ Phone: _____

Birth Date: _____ SSN: _____

Relationship: _____ Disabled before the Age of 18: ☐ Yes ☐ No

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Dependent Information (if applicable) ☐ Male ☐ Female

First Name & Middle Initial: _____ Last Name: _____

Address: _____ Phone: _____

Birth Date: _____ SSN: _____

Relationship: _____ Disabled before the Age of 18: ☐ Yes ☐ No

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Dependent Information (if applicable) ☐ Male ☐ Female

First Name & Middle Initial: _____ Last Name: _____

Address: _____ Phone: _____

Birth Date: _____ SSN: _____

Relationship: _____ Disabled before the Age of 18: ☐ Yes ☐ No

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Dependent Information (if applicable) ☐ Male ☐ Female

First Name & Middle Initial: _____ Last Name: _____

Address: _____ Phone: _____

Birth Date: _____ SSN: _____

Relationship: _____ Disabled before the Age of 18: ☐ Yes ☐ No

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I hereby certify that all information given is accurate and true to the best of my knowledge and belief.

Signature _____ Date _____