

SAMPLE LETTER

[Date]

[Your Return Address]

Name of Employer
Address

RE: [Your Social Security Number]
[Dates Employed]
[Names – Other Than Current Name]

To Whom It May Concern:

In order to purchase other governmental or educational service to be used in the calculation of my pension from the State of Delaware, I need to have written verification of my service submitted on official letterhead of the employer in reference with an official signature. The attached form contains the information needed to satisfy the requirements of the State of Delaware. Please copy this form onto your letterhead, complete, sign and return to the following address as soon as possible:

State of Delaware
Office of Pensions
McArdle Building
860 Silver Lake Blvd., Ste 1
Dover, DE 19904-2402

Also, forward a copy to my home address.

Your prompt attention to this matter would be greatly appreciated.

Sincerely,

[Your Full Name]

