RESET

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

APPLICATION FOR PENSION

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

I hereby apply for a Select One pension under the Select One Pension Plan effective _____.

Emplid: _____
Name: _____
Date of Birth: _____
Dept ID: _____
Spouse Name: _____
Date of Marriage or Civil Union: _____

Address: _____
_____
Phone: _____
Email: _____
Spouse Date of Birth: _____

Schedule of Creditable Service

CREDITABLE SERVICE				
	Years	Months	Days	
TOTAL CREDITABLE SERVICE	Year	Months	Days	**(Without Buy-Ins and Refunds)**
OTHER FULLTIME SERVICE				
Military Service Prior to 7/1/1976:	Year	Months	Days	
REFUNDED SERVICE				
TOTAL REFUNDED SERVICE:	Year	Months	Days	
ELIGIBLE BUY-IN SERVICE				

FROM	THROUGH	COVERED PERIODS			DESCRIPTION OF BUY-IN SERVICE
Mon / Day / Year	Mon / Day / Year	Years	Months	Days	
		Year	Months	Days	
		Year	Months	Days	
TOTAL ELIGIBLE BUY-IN SERVICE:		Year	Months	Days	

Note: If applicable, only one year is shown for Actuarial buy-ins (active duty military service or other governmental employment). Complete eligibility and purchase cost will be determined at retirement when the pension amount is calculated.

CERTIFICATION BY APPLICANT

I have reviewed the Application for Pension and hereby agree / disagree (Must Circle One) on the accuracy of the creditable service schedule information as submitted.

_____ _____
(Signature of Applicant) *(Date)*

For Use by Notary Public Only

Sworn to and subscribed before me this_____day of

_____, 20_____.

_____
Signature of Notary Public

Place Notary Stamp Here

My Commission Expires:

860 SILVER LAKE BLVD., SUITE 1 - MCARDLE BUILDING - DOVER, DE 19904 / SLC D570A
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