RESET

STATE OF DELAWARE
OFFICE OF PENSIONS

ACTUARIAL FORM
(NEW HIRE ONLY)

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

PERSONAL DATA (please print)

Name: _____ SSN: _____
(Last Name, First Name) (Maiden Name)

Address: _____ Date of Birth: _____

Personal Email: _____ Phone Number: _____

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

EMPLOYMENT DATA

Current Organization: _____

Department ID: _____ Date of Hire with Organization: _____

Plan: (check one) ☐ State Employees ☐ State Police ☐ Judiciary ☐ Legislative
☐ C/M General ☐ CM/Police/Fire ☐ Volunteer Fire

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

NAME OF ORGANIZATION	FROM		THROUGH	
	MONTH	YEAR	MONTH	YEAR

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.)**

COMPLETE AND SIGN ON PAGE 2 →

860 SILVER LAKE BLVD., SUITE 1 - MCARDLE BUILDING - DOVER, DE 19904 / SLC D570A
PHONE: (302) 739-4208 - TOLL FREE: (800) 722-7300 - FAX: (302) 739-6129 - EMAIL: PENSIONOFFICE@DELAWARE.GOV
WWW.DELAWAREPENSIONS.COM

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SPOUSE INFORMATION (if applicable)

Name of Spouse: _____ Gender: Male ☐ Female ☐
(Last Name, First Name) (Maiden Name)

Address: _____ Phone Number: _____

Date of Birth: _____ SSN: _____ Date of Marriage: _____

DEPENDENT INFORMATION (if applicable)

Name: _____ Gender: Male ☐ Female ☐
(Last Name, First Name)

Disabled before the Age of 18: YES ☐ NO ☐

Address: _____ Phone Number: _____

Date of Birth: _____ SSN: _____ Relationship: _____

Name: _____ Gender: Male ☐ Female ☐
(Last Name, First Name)

Disabled before the Age of 18: YES ☐ NO ☐

Address: _____ Phone Number: _____

Date of Birth: _____ SSN: _____ Relationship: _____

Name: _____ Gender: Male ☐ Female ☐
(Last Name, First Name)

Disabled before the Age of 18: YES ☐ NO ☐

Address: _____ Phone Number: _____

Date of Birth: _____ SSN: _____ Relationship: _____

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

X _____ X _____
SIGNATURE DATE

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SUBMIT