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: _____ Address: _____

Name: _____ _____

Date of Birth: _____ Phone: _____

Dept ID: _____ Email: _____

Spouse Name: _____ Spouse Date of Birth: _____

Date of Marriage or Civil Union: _____

## 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 | Months | |
| **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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