



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

APPLICATION
FOR PENSION

PLEASE COMPLETE AND RETURN FORM TO THE OFFICE OF PENSIONS

I hereby apply for a _____ pension under the _____ 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				(Without Buy-Ins and Refunds)	
OTHER FULLTIME SERVICE					
Military Service Prior to 7/1/1976:					
REFUNDED SERVICE					
TOTAL REFUNDED SERVICE:					
ELIGIBLE BUY-IN SERVICE					
FROM	THROUGH	COVERED PERIODS			DESCRIPTION OF BUY-IN SERVICE
Mon / Day / Year	Mon / Day / Year	Years	Months	Days	
TOTAL ELIGIBLE BUY-IN SERVICE:					

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)

Sworn to and subscribed before me this _____ Day of _____, _____

(Notary Public)