



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

APPLICATION FOR
STATE EMPLOYEES'
PENSION

PLEASE COMPLETE AND RETURN FORM TO THE OFFICE OF PENSIONS

I hereby apply for a _____ pension under the State Employees' 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)	
25 YEAR PLAN TOTAL CREDITABLE SERVICE					
OTHER FULLTIME SERVICE					
	Years	Months	Days		
Military Service Prior to 7/1/1976:					
REFUNDED SERVICE					
	Years	Months	Days		
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.



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APPLICATION
FOR PENSION

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Name: _____

Emplid: _____

I understand that if I am under age 65 at retirement I must have a 6-month break from employment prior to reemployment with, or engagement as a contractor for, any State of Delaware agency, school district, college or university that participates in the same pension plan from which I am receiving a pension payment, and the following information only applies after I have had a 6-month break.

I understand I may not simultaneously receive a monthly pension payment and a paycheck for employment with any State of Delaware agency, school district, college, or university participating in the same pension plan from which I am receiving a pension payment unless the position is:

- 1) An official elected by popular vote at a regular State election
- 2) An official appointed by the Governor
- 3) A temporary (position not to exceed 12 months), casual/seasonal (less than thirty (30) hours per week) or substitute employee/teacher (compensated on a daily basis)
- 4) A temporary justice of the peace
- 5) A per diem employee of the General Assembly
- 6) A registration or election official or a juror

I understand that there is an annual earnings limit for reemployment as a temporary, casual/seasonal or substitute employee/teacher as defined above, which is subject to change per legislation. It is my responsibility to know the annual earnings limit, monitor changes and ensure my compliance. I understand that if I earn more than the annual limit, my pension benefit will be adjusted the following July by \$1 for every \$2 that I earn in excess of the limit.

I understand if I am rehired into a pension-creditable position covered by the same pension plan, my pension will be frozen, and benefits suspended until I retire again.

I understand it is my responsibility to clarify with the Human Resource office of any potential employer whether the organization participates in the same pension plan.

Annual income limitations can be monitored at www.delawarepensions.com.

Any questions or concerns should be addressed to the Office of Pensions at (302) 739-4208 or pensionoffice@delaware.gov.

(Signature of Applicant)

(Date)

Sworn to and subscribed before me this

_____ Day of _____, _____

(Notary Public)