RESET

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 PENSION.FORMS@DELAWARE.GOV

I hereby apply for a Select One 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	Year	Months	Days	**(Without Buy-Ins and Refunds)**
25 YEAR PLAN TOTAL CREDITABLE SERVICE	Year	Months	Days	
OTHER FULLTIME SERVICE				
	Years	Months	Days	
Military Service Prior to 7/1/1976:	Year	Months	Days	
REFUNDED SERVICE				
	Years	Months	Days	
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.

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

APPLICATION FOR STATE EMPLOYEES' PENSION

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

Name: _____ Emplid: _____

I understand that, regardless of my age at retirement, per Internal Revenue Service regulations, I cannot have any arrangement in place prior to my retirement effective date to return to service in any capacity, including as an employee, contract worker, contractual employee, independent contractor, employment through a temporary staffing agency, or volunteer, for my current employer or any other State of Delaware agency, school district, college, or university that participates in the same pension plan from which I am receiving a pension payment. I understand that applying for or interviewing for positions prior to my retirement date is included in the definition of prior arrangement and will result in suspension of my pension.

I further understand that if I am under age 59 ½ at retirement I must have a 3-month break from employment prior to reemployment with, or engagement as a contractor for, or engagement through a temporary staffing agency 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.

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 employee (position not to exceed 12 months), casual/seasonal employee (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, or
6) A registration or election official or a juror.

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.

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

By signing this document, I am confirming my intention to retire and that I have read and understand the above Return to Work guidelines.

_____ _____

(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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