



University of Washington Retirement Status Form*

Section 1: To be completed by Employee

Employee Name _____

Social Security No.** _____ UW Identification No. _____

Have you ever retired from one of the following Washington State Retirement Systems?

Yes No Do not know

If yes, please indicate which system and plan:

Teachers' Retirement System (TRS)	Plan 1 <input type="checkbox"/> Plan 2 <input type="checkbox"/> Plan 3 <input type="checkbox"/>
School Employee's Retirement System (SERS)	Plan 2 <input type="checkbox"/> Plan 3 <input type="checkbox"/>
Public Employees' Retirement System (PERS)	Plan 1 <input type="checkbox"/> Plan 2 <input type="checkbox"/> Plan 3 <input type="checkbox"/>
Law Enforcement Officers' & Fire Fighters' Retirement System (LEOFF)	Plan 1 <input type="checkbox"/> Plan 2 <input type="checkbox"/>
Washington State Patrol Retirement System (WSPRS)	Plan 1 <input type="checkbox"/> Plan 2 <input type="checkbox"/>
Judicial Retirement System (JRS)	<input type="checkbox"/>

Have you withdrawn your retirement contributions? Yes No N/A Do not know

Employee Signature _____ Date _____

Forward completed form to UW Benefits Office, Box 355660. Retain a copy in the employee's department personnel file.

Section 2: To be completed by UW Benefits Office Only

Retiree Reporting Information

The information above has been verified using the Department of Retirement Systems' (DRS) Member Reporting Verification (MRV) application, via direct access to DRS' member database, or by contacting a DRS representative.

Yes date _____ No ___ (member provided above)

*RCW 41.50.139 requires employers to solicit this information from all new employees.

** Privacy Act Statement: Your Social Security Number is required for retirement system reporting under federal tax code.