

**Name of Employee** (exactly as it appears on the Social Security Card) \_\_\_\_\_

**Social Security Number** \_\_\_\_\_

Male: \_\_\_\_\_ Female: \_\_\_\_\_ Maiden Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Date Employment Began: \_\_\_\_\_

Employee: Full time: \_\_\_\_\_ Less than full time: \_\_\_\_\_

Which Crawford County Department are you working for? \_\_\_\_\_

Ref: Name of Agency	Your Position:	Employment Dates (Mo., Day, Year)	
		From:	To:

If you were a member of the Kansas Public Employees Retirement System when you terminated, please designate the agency. \_\_\_\_\_

As a member of the Kansas Public Employees Retirement System, have you withdrawn you Retirement Contributions? Yes \_\_\_\_\_ No \_\_\_\_\_

Please supply the date below for employment under the retirement systems listed or the names of retirement systems other than Social Security in which you have contributed or have been eligible to contribute.

<u>Name of Retirement System</u>	<u>Location of Work:</u>	Employment Dates (Mo., Day, Year)	
		<u>From:</u>	<u>To:</u>
Kansas State School Retirement System	_____	_____	_____
U.S. Civil Service Retirement System	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Are you receiving benefits from any retirement system? Yes: \_\_\_\_\_ No: \_\_\_\_\_

If Yes, what is the name of the retirement system: \_\_\_\_\_

I hereby certify that all information given hereon is accurate and true to the best of my knowledge and belief.

Date: \_\_\_\_\_ Signature of Employee: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_