

SERVICE WITH OTHER STATE AGENCIES

(print) Last Name First Name Middle Initial

Were you ever employed by a Commonwealth of Pennsylvania state agency, PA State System of Higher Education or the PA Public School System and contributing to a state retirement plan?

YES NO

If YES, please indicate which retirement plan:

ARP PSERS SERS

If NO, please sign, date and return form to Human Resources

Do you have a **vested** account with PSERS or SERS?

YES NO

Have you had any previous periods of service with any Commonwealth of PA state agency, PA State System of Higher Education or PA Public School System for which you are collecting a retirement benefit? **If so, contact Human Resources asap as employment may impact pension benefit.**

YES NO

If so, please indicate which retirement plan:

ARP PSERS SERS

List current or previous periods of service beginning with current or your most recent employment:

Agency or Branch of State Government	Dates of service	
	FROM (month/date/yr)	TO (month/date/yr)
1.		
2.		
3.		
4.		
5.		

Note If you have your most recent retirement statement, please enclose a copy with this form. ALSO; If you worked for another agency under a different name, please place that name in parenthesis beside the name of the applicable agency.

<p>_____</p> <p>Signature</p>	<p>_____/_____/_____</p> <p>Date</p>
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