

## Retirement Information Form

<b>SECTION I – EMPLOYEE INFORMATION – PLEASE PRINT</b>		Today's Date:
Last Name:	First Name:	MI:
Mailing Address:		
Phone Number:	Email:	
Social Security Number:	Date of Birth:	
<b>SECTION II – RETIREMENT INFORMATION</b>		
<p>Are you currently working for another employer who participates in Arizona State Retirement System (ASRS)?  <input type="checkbox"/> Yes    <input type="checkbox"/> No</p> <p>If yes, name of other ASRS employer: _____</p> <p>If yes, how long employed with this ASRS employer: _____</p> <p>Have you ever been a member of the Arizona State Retirement System (ASRS)?  <input type="checkbox"/> Yes    <input type="checkbox"/> No</p> <p>If yes, when: _____</p> <p>Have you ever been a member of an Optional Retirement Plan with Yavapai College?  <input type="checkbox"/> Yes    <input type="checkbox"/> No</p> <p>If yes, when: _____</p> <p>Are you now retired and/or receiving a pension from any one of the state retirement plans?  <input type="checkbox"/> Yes    If yes, identify which state retirement plan:                      <input type="checkbox"/> No</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Arizona State Retirement System (ASRS)</li> <li><input type="checkbox"/> Public Safety Personnel Retirement System (PSPRS)</li> <li><input type="checkbox"/> Corrections Officer Retirement Plan (CORP)</li> <li><input type="checkbox"/> Elected Officials Retirement Plan (EORP)</li> <li><input type="checkbox"/> An optional retirement plan sponsored by the Arizona Board of Regents or a community college.</li> <li><input type="checkbox"/> Other _____</li> </ul>		
<b>SECTION III – SIGNATURE</b>		
Employee Signature: _____		Date: _____
Human Resources Signature: _____		Date: _____
Y# _____	Position _____	<input type="checkbox"/> FT <input type="checkbox"/> PT <input type="checkbox"/> ADJ <input type="checkbox"/> ST