



Utah Retirement Systems
 PO Box 1590
 Salt Lake City, Utah 84110-1590
 (801) 366-7318
 (800) 753-7318
 FAX (801) 366-7759
 www.urs.org

DEFINED BENEFIT CERTIFICATION OF ELIGIBILITY

- INSTRUCTIONS:**
1. Please type or print clearly in black ink.
 2. Complete, sign, and return the form to the Retirement Office.

SECTION A - EMPLOYEE INFORMATION (Please type or print clearly in black ink.)		
Name (First, Middle, Last)	Maiden/Previous Name	Social Security Number
Mailing Address	Birth Date (mm/dd/yyyy)	Daytime Phone ()
City	State	Zip
Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Home Phone ()	
Marital Status <input type="checkbox"/> Single <input type="checkbox"/> Married	If married, give full name of spouse (First, Middle, Last)	Spouse's Birth Date (mm/dd/yyyy)
SECTION B - SYSTEM (Check Only One)		
<input type="checkbox"/> Public Employees' Noncontributory Retirement System <input type="checkbox"/> Public Employees' Contributory Retirement System <input type="checkbox"/> Firefighters' Retirement System <input type="checkbox"/> Public Safety Noncontributory Retirement System <input type="checkbox"/> Public Safety Contributory Retirement System <input type="checkbox"/> Judges' Noncontributory Retirement System		
SECTION C - COVERED POSITION		
Position		Date Covered by Retirement
Salary per <input type="checkbox"/> Year <input type="checkbox"/> Month <input type="checkbox"/> Hour	Hours worked per <input type="checkbox"/> Day <input type="checkbox"/> Week <input type="checkbox"/> Month <input type="checkbox"/> Year	
\$		
If Public Safety Position		
POST ID Number _____ (If Available) Date employee passed POST _____		
Employer Number	Employer Name	Phone Number ()
The employer certifies that this employee is eligible for service credit. By paying defined benefit contributions on behalf of this employee, the employer makes a continuing certification that the employee is eligible for service credit. The employer must notify the Retirement Office, in writing, when the employee becomes ineligible for service credit.		
Authorized Signature (Required)		Date