



Utah Retirement Systems
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STATEMENT OF INELIGIBILITY (For Defined Benefit Pension Service Credit)

PLEASE REFER TO YOUR EMPLOYER'S GUIDE FOR ELIGIBILITY REQUIREMENTS

- EMPLOYER INSTRUCTIONS:** 1. Please type or print clearly in black ink.
 2. Complete Sections A, B, and D. Photocopy for your records and return the original to the Retirement Office.
- EMPLOYEE INSTRUCTIONS:** 3. Complete Section B and sign in Section C.

SECTION A - EMPLOYEE INFORMATION AND CLASSIFICATION (Please type or print clearly in black ink.)		
Employer Name	Employer Number 100	Agency Number (if applicable)
Employee Name (First, Middle, Last)	Date of Birth	Social Security Number
Employee Position	Rate of Pay (hour, day, week, month)	Date of Ineligibility

This employee is not eligible to accrue defined benefit pension service credit with URS for the following reason(s):
 (check all that apply)

Temporary Employee
 Seasonal Employee
 Employee without benefits normally provided, e.g., sick leave or vacation
 Hours have dropped below an average of 20 hours per week
 A teacher who teaches less than half-time
 A classified school employee who works less than 20 hours per week
 Full-time higher education employee eligible for TIAA-CREF
 Ineligible Elected/Appointed Official who does not meet the current earnings requirement:
 Beginning date of term _____ Ending date of term _____ Monthly salary _____
(mm/dd/yyyy) (mm/dd/yyyy)

SECTION B - DEFINED CONTRIBUTION - 401(k) /457
EMPLOYEE
<input type="checkbox"/> Yes Do you wish to participate in the 401(k) or 457 Plan offered by Utah Retirement Systems? If yes and if your employer participates in this plan, complete a 401(k) and 457 Plan Enrollment Contract (Form DCCT-1). Your employer must send the contract with this form to the Retirement Office.
<input type="checkbox"/> No
EMPLOYER
<input type="checkbox"/> Yes Will you be paying 401(k) or 457 Plan benefits on behalf of the employee to Utah Retirement Systems? If yes, provide the employee with a 401(k) and 457 Plan Enrollment Contract (Form DCCT-1). Send the Contract with this form to the Retirement Office.
<input checked="" type="checkbox"/> No

SECTION C - EMPLOYEE SIGNATURE AND ACKNOWLEDGEMENT
I understand that I am not eligible to accrue Defined Benefit Pension Service Credit toward a monthly retirement allowance from URS.
Employee Signature _____ Date _____

SECTION D - TO BE COMPLETED BY THE EMPLOYER (Please type or print clearly in black ink.)
The employer certifies that this employee is not eligible for service credit for the reason(s) noted above. The employer must notify the Retirement Office in writing when the employee becomes eligible for service credit.
This form was: <input type="checkbox"/> Mailed to the employee (month/day/year) _____ <input type="checkbox"/> Given to the Employee (month/day/year) _____
Authorized Signature _____ Date _____