



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

**EMPLOYER
 INSTRUCTIONS:**

1. Please type or print clearly in black ink.
2. Use this form ONLY if you are unable to process the certification online AND only after you have determined which tier the employee is in, through the online inquiry program.
3. Mail or fax the completed/signed form to the Retirement Office.

SECTION A - EMPLOYEE INFORMATION			
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"/> Divorced <input type="checkbox"/> Married <input type="checkbox"/> Widowed		If married, give full name of spouse (First, Middle, Last)	Spouse's Birth Date (mm/dd/yyyy)
SECTION B - SYSTEM PARTICIPATION (Check Only One)			
Tier 1 Participation (as verified online) <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 (State of Utah Only)		Tier 2 Participation (as verified online) <input type="checkbox"/> Public Employees' Retirement System <input type="checkbox"/> Firefighters' Retirement System <input type="checkbox"/> Public Safety Retirement System*	
SECTION C - COVERED POSITION INFORMATION			
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	
\$			
Elected / Appointed Official <input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Part time <input type="checkbox"/> Full time	
*For Public Safety Position:			
Has employee passed POST? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, date passed _____			
Is POST Certificate attached? <input type="checkbox"/> Yes <input type="checkbox"/> No POST ID number (if available) _____			
SECTION D - EMPLOYER INFORMATION			
The employer certifies this employee is eligible for service credit. By paying employer contributions on behalf of this employee, the employer makes a continuing certification the employee is eligible for service credit. The employer must notify the Retirement Office when the employee becomes ineligible for service credit or separates from employment.			
Employer Number	Employer Name		Phone Number - -
Authorized Signature (Required)		Date	