CITY OF DELRAY BEACH GENERAL EMPLOYEES' RETIREMENT PLAN

PROOF OF PREVIOUS GOVERNMENT EMPLOYMENT

For the purposes of purchasing previous government service as outlined in City of Delray Beach General Employees' Retirement Plan Ordinance Number 35.094, proof of previous government employment is requested for the employee below:

Employee's Name:			
Social Security Number:			
Governmental Agency or Branch of Military in which Years were Served:			
Address of Governmental Agency/ Branch of Military:			
Hire Date with that Agency/Military Branch:			
Termination Date with that Agency/ Military Branch:			
Was the time worked/served with that Agency/Military Branch as a full-time employee?	Yes		No
Is this individual receiving a pension benefit from your Agency/Military Branch?	Yes		No
Is this individual eligible to receive a pension benefit from your Agency/Military Branch for the above service?	Yes		No
My signature below certifies the above information certifies that I am a duly authorized representative and that I may complete and certify the information agency/military branch.	e of the governmental age	ncy/military br	
Name of Governmental Agency/ Branch of Military:			
Address:			
Telephone Number:			
Authorized Signature	Date		
Name (Print)	Title		
<u>Please return completed form to</u> : City of Delra Administrator, 100 NW 1 st Avenue, Delray Bea		ment, Attenti	on: Pension

Pursuant to Section 119.071(5), Florida Statutes, your social security number is requested for the purposes of determining eligibility for employment, retirement, pension and insurance benefits, and receipt of Federal and State funded grant programs; performing identification verification and background checks; W-2 and W-9 filling; filling of worker's compensation claims; payment of independent contractors and vendors without a Tax Identification number; payment of EMS transport services; and filling of Paramedic and EMT license renewals. Social security numbers will be used solely for one or more of these purposes.