



Temporary Service Verification Claim

FOR OFFICE USE ONLY

Toll-Free: (800) 821-2251
alaska.gov/drb

Division of Retirement and Benefits
 P.O. Box 110203
 Juneau, Alaska 99811-0203

Juneau: (907) 465-4460
 TDD: (907) 465-2805
 FAX: (907) 465-3086

Employee's Name					Last Four of Social Security Number or RIN						
Last		First		M.I.	Prior	City			State		ZIP+4
Mailing Address		Street or P.O. Box				City		State		ZIP+4	
Date of Birth (mm/dd/yyyy)			Age	Marital Status					Gender		
				<input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Single <input type="checkbox"/> Same-sex partner					<input type="checkbox"/> Male <input type="checkbox"/> Female		
Employer (Department where temporary service was rendered)						Current Employer					
<p>I wish to claim credit for full-time temporary service. I understand that compound interest at the rate prescribed by regulation will be added to the full actuarial cost of this service until the indebtedness is paid in full or until I retire, whichever occurs first. I understand that I must be vested (five paid-up years of service) in order to claim temporary service.</p>											
Employee Signature								Date			

NOTE: A SEPARATE FORM MUST BE COMPLETED AND SENT TO EACH EMPLOYER WHERE SERVICE WAS PERFORMED.

Verification of Temporary Service

(To be completed by the Employer and returned to the Division of Retirement and Benefits.)

PERIODS OF FULL-TIME TEMPORARY EMPLOYMENT											
(month/day/year)											
From _____		To _____		From _____		To _____		From _____		To _____	
From _____		To _____		From _____		To _____		From _____		To _____	
From _____		To _____		From _____		To _____		From _____		To _____	
<input type="checkbox"/> I certify that the above service is NOT probationary service as a permanent employee.											
<input type="checkbox"/> I certify that the above service is NOT part time, contract or student/college intern.											
<input type="checkbox"/> I certify that the above service is correct to the best of my knowledge.											
<p>If a member disagrees with reported service, he or she will be referred to your agency for resolution.</p>											
Printed Name of Personnel or Payroll Officer											
Signature of Personnel or Payroll Officer								Date			
Employer											
Mailing Address		Street or P.O. Box				City		State		ZIP+4	