



Retirement Status Verification

Employers can use this form to document the retirement status of all new employees.

DRS Contact Information
 Employer Support Services (ESS)
 360.664.7200, option 2
 800.547.6657, option 6, option 2
drs.employersupport@drs.wa.gov

Employer Instructions

RCW 41.50.139 requires employers to obtain, in writing, the retirement status of all new employees. Your organization can document the status using your own process, or by using this form. If using this form:

- Ask the employee to complete and sign the Employee Information section below.
- Use the Member Management Process in the Employer Reporting Application (ERA) to verify the employee's retirement status.
- Record the results in the Employer Verification section below.
- Use Retiree Return to Work (RRTW) Reporting Charts to review reporting instructions as necessary.
- Sign and date this form. Retain for 60 years.

Employee Information		Employer Verification
Employee Name (Last, First, Middle)	Social Security Number	
Are you a retiree of one of Washington state's retirement systems? If yes, which one(s)? <input type="checkbox"/> Yes, _____ <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you retired or will you be eligible to retire from LEOFF Plan 2 in the future? <input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, and filling eligible position (not L2 position), have employee complete LEOFF Plan 2 Re-employment form .
Are you a retiree of a separate retirement plan covered by the city of Seattle, Spokane or Tacoma? If yes, which one(s)? <input type="checkbox"/> Yes, _____ <input type="checkbox"/> No		If the employee checked yes, stop. Contact ESS before enrolling the employee in a DRS retirement plan.
Are you currently employed by another public employer and contributing to a Washington state retirement system? That is, will you be working at the same time for two public employers? <input type="checkbox"/> Yes <input type="checkbox"/> No		If the employee checked yes, stop. Contact ESS before enrolling the employee in a DRS retirement plan.
Employee Signature	Date (mm/dd/yyyy)	

Employer Comments (optional)

Please enter any additional comments here. If you need more room, use the back of this form and check this box:

Employer Signature

I verified the above information using ERA (or by contacting DRS). I acknowledge that failure to properly report a retiree to DRS can result in a liability to the employer.

Employer Signature	Date (mm/dd/yyyy)
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