

STATE OF DELAWARE OFFICE OF PENSIONS

ACTUARIAL FORM (New Hire Only)

PLEASE COMPLETE AND RETURN FORM TO THE OFFICE OF PENSIONS

PERSONAL DATA (please print)							
Name:			_SSN:				
(Last Name, First Name)	(Maiden Name	e)					
Address:		Phone Number:					
Email Address:		Date of Birth:					
Gender: Female □ Male □	Marital Status:	Married □	Single	□ Widow			
EMPLOYMENT DATA							
Current Organization:							
Department ID: Date of Hire with Organization:							
Plan: (check one) ☐ State Employees ☐ C/M General	☐ State Police☐ C/M Police/Fir	□ Jud	liciary lunteer Fire	□ Legis	lative		
Previous State of Delaware pension cred	ditable service: (do n	ce: (do not include durational or casual/seasonal) FROM THROUG					
NAME OF ORGANIZATI	ON	MONTH YEAR		MONTH	YEAR		
OTHER SERVICE		1					
Did you serve in the Armed Forces of the	ne United States: YI	ES 🗆	NO 🗆 (If yes, please prov	ride a DD-214)		
Have you ever rendered full-time servic for another State or the Federal Governs subdivision of the State of Delaware, or	ment, a county or mu in an accredited private	unicipality of vate school o	the State or college?	of Delaware, a	political		
	it documentation as requ under Active Members/Ac				vice		

COMPLETE AND SIGN ON PAGE 2

SPOUSE INFORMATION (if applicable)

Name of Spouse:			Gender:	: Male \square	Female		
	(Last Name, First Name)		(Maiden Name)				
Address:			Telephone Number:				
Date of Birth:	SSN:		Date of Marriage:				
DEPENDENT IN	NFORMATION (if appl	icable)					
Name:(Last Name, F	irst Name)		Gender:	Male □	Female □		
Disabled before t	he Age of 18: YES □	NO □					
Address:			Telephone Number:				
Date of Birth:	SSN:		Relationship:				
Name:(Last Name, F	irst Name)		Gender:	Male □	Female □		
Disabled before t	he Age of 18: YES □	NO □					
Address:			Telephone Number:				
Date of Birth:	SSN:		Relationship	o:			
Name:(Last Name, F	irst Name)		Gender:	Male □	Female □		
Disabled before	the Age of 18: YES □	NO □					
Address:			Telephone Number:				
Date of Birth:	SSN:		Relationship:				
I hereby certify that all information given is accurate and true to the best of my knowledge and belief.							
X							
	SIGNATURE]	DATE			