



STATE OF DELAWARE
 DELAWARE STATE EMPLOYEES' PENSION PLAN
EMPLOYEE ACTUARIAL INFORMATION

To be Completed by Employee (Please Print)

PERSONAL DATA:

1. Last Name First Name M.I. Maiden Name 2. Soc. Sec. No.:
3. Address: Number Street City State Zip Code
4. Date of Birth: Month/Day/Year 5. Sex: (M OR F) 6. Marital Status: Married Civil Union Single Divorced
 Widow Widower Separated (Circle One)
7. Organization: DEPTID:
8. Type of Employee:(Check One): State Employee (2) Teacher (3) Other School Employee (4)
 Elected Official (5) Appointed Official (6)
9. Effective Date of Hire with Present Organization:
10. Have you previously been employed with the State: Yes No If YES, list below:

(INCLUDE LEAVE OF ABSENCES AND INDICATE REASON)

PRIOR STATE OF DELAWARE SERVICE CLAIMED

NAME OF STATE ORGANIZATION	FROM		THROUGH		PERIOD COVERED	
	MONTH	YEAR	MONTH	YEAR	YEARS	MONTHS
TOTAL PRIOR DELAWARE SERVICE CLAIMED					(ADD)	

11. (a) Did you serve in the Armed Forces of the United States: Yes No
 (b) If (a) is YES, show total Active Military Service:
 FROM TO TOTAL CREDIT
 (c) Did you begin a full-time vocational or professional training course within 5 years of your discharge and become a State employee within 5 years after the completion of that training: Yes No
 (d) If (c) is Yes, show full-time vocational or professional training course dates, and date degree, diploma, or certificate granted:
 FROM TO DATE OF DEGREE
12. Have you ever rendered full-time service in professional educational employment or other full-time employment for another State or the Federal Government, a county or municipality of the State of Delaware, a political subdivision of another State, or in an accredited private school or college: Yes No If YES, list below:

NAME OF ORGANIZATION	FROM		THROUGH		PERIOD COVERED	
	MONTH	YEAR	MONTH	YEAR	YEARS	MONTHS

13. Are you eligible for benefits as a result of any service listed in No. 12 above: Yes No

