

CERTIFICATION

PARTICIPANT EMPLOYEE

INSTRUCTIONS:

1. Report all wages and deductions of the Retirement Systems on behalf of the employee without decreasing the absence deductions, punishment, license and others, but excluding every overtime or bonus payments.
2. Report license periods without salary for any reason or temporary suspension of employment and wage.
3. Report every Retirement Systems contributions up to (\$6,300) six thousand three hundred dollars if the employee does not have a current personal loan with the System, on the contrary, report up to (\$13,000) thirteen thousand dollars.
4. If necessary, add pages and follow the same format.

First Name	Last Name	Second Last Name	Social Security No.	Sex <input type="checkbox"/> F <input type="checkbox"/> M	
Nomination <input type="checkbox"/> Regular <input type="checkbox"/> Confidence <input type="checkbox"/> Other: _____			Current Status <input type="checkbox"/> Hybrid Program		
Retirement System <input type="checkbox"/> Government Employees (ELA) <input type="checkbox"/> Judiciary			Gross Monthly Income	Net Monthly Income	
First Government Employer			First Retirement Deduction (MM-DD-YYYY)		
Employer Name	Service Period		Monthly Income	System's Contribution	
	Date From	Date To			
Job License Without Payment					
Date From	Date To	Date From	Date To	Date From	Date To
1. _____	_____	2. _____	_____	3. _____	_____

Other Interruptions in Service

I hereby certify that the above information is true and also that the referenced employee is currently active, and has not presented his (her) resignation letter as of this date, furthermore this agency has no intention of separating his (her) from active services.

Government Unit	Signature of Division Chief or Authorized Representative (Blue Ink)
Authorized Representative Title	Name in Print or Typewritten
Date (Month-Day-Year)	Phone No.

PENSIONER CERTIFICATION

TO BE FILLED OUT BY THE PENSIONERS DIVISION AT THE RETIREMENT SYSTEMS ADMINISTRATION

I hereby certify that _____ with social security no. _____ receives pension

Benefits from: Government Employees System Judiciary Teachers

Effective Date: _____ (Month-Date-Year) First Payment Date: _____ (Month-Day-Year)

Gross Monthly Pension _____ Net Monthly Pension _____ Date of Birth (Month-Day-Year) _____

Loan Discounts: Personal _____ Cultural Travel _____ Home Down Payment _____ Mortgage _____

Retirement Division Chief's Name or Authorized Representative	Authorized Representative Title
Date (Month-Day-Year)	Signature (Blue Ink)

SWORN STATEMENT

TO BE FILLED OUT BY PENSIONER ONLY

AFFIDAVIT NUMBER: _____

Sworn and subscribed in my presence by _____, whom I know personally

at _____ on _____.

Notary Public's Name (Blue Ink)

Conservation: Same which file constitute part.

