



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)
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 State Police Judiciary Legislative
 C/M General C/M Police/Fire Volunteer Fire
Previous State of Delaware pension creditable service: (do not include durational or casual/seasonal)

NAME OF ORGANIZATION	FROM		THROUGH	
	MONTH	YEAR	MONTH	YEAR

OTHER SERVICE

Did you serve in the Armed Forces of the United States: YES NO (If yes, please provide a DD-214)
Have you ever rendered full-time service in professional educational employment or full-time employment for another State or the Federal Government, a county or municipality of the State of Delaware, a political subdivision of the State of Delaware, or in an accredited private school or college?
YES NO (If yes, please submit documentation as requested on Other Governmental/Educational Service Verification Form under Active Members/Active Members Forms on our website.)

COMPLETE AND SIGN ON PAGE 2



SPOUSE INFORMATION (if applicable)

Name of Spouse: _____ Gender: Male Female
(Last Name, First Name) (Maiden Name)

Address: _____ Telephone Number: _____

Date of Birth: _____ SSN: _____ Date of Marriage: _____

DEPENDENT INFORMATION (if applicable)

Name: _____ Gender: Male Female
(Last Name, First Name)

Disabled before the Age of 18: YES NO

Address: _____ Telephone Number: _____

Date of Birth: _____ SSN: _____ Relationship: _____

Name: _____ Gender: Male Female
(Last Name, First Name)

Disabled before the Age of 18: YES NO

Address: _____ Telephone Number: _____

Date of Birth: _____ SSN: _____ Relationship: _____

Name: _____ Gender: Male Female
(Last Name, First Name)

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**