

NPERS Nebraska Public Employees

) Retireme	nt Systems					npers.ne.gov
1526 K St., Ste. 400	PO Box 94	B16 Lincoln	NE 68509-4816	PHONE 402-471-205	3 TOLL FR	ee 800-245-5712	FAX 402-471-9493
Name LAST		FIR	ST	MIDI	DLE Da	te of Birth	
Social Security Number			Email				
Address				City		State	Zip
Personal Phone		Work Phone		Employer			
	Patr	ol Plan Me	ember Verific	cation of Servic	e Requ	est Form	
the nearest month. date. NPERS will g employment before	NPERS will rant partial state the annivers	grant one yeservice credit sary of the Tr	ear of service cro if a Trooper con ooper's plan en	edit for each full yea ntributes to the Patr try date.	ar that ela ol Plan fo	pses from a Tro r only part of a y	ear or terminates
NPERS <u>CANNOT</u> on ot granted if a Trooworker's compensa	per goes or	n a leave of a	bsence, takes l	eave without pay, is	placed o	n unpaid susper	
	days prior	to retirement	or entering DR	OP. When making			PERS up to one year s required to disclose
		Decla	ration of No	n-Contributing	Periods	3	
misstated. This cou estimate any leave 1. On what da 2. Did you hav If "Yes", ple I had no I received Qualified Suspens Other pe 3. If you check receiving pages	Id negatively without pay y did you be ye any period ase check a available lead worker's committed without priods where sed "Yes" for ay from the S	r affect your r dates. NPER ecome a swords of leave we ill that apply: ave time ompensation vice – no lead bay I did not contraction 2, State Patrol:_	etirement eligib S will contact the on officer with the ithout pay durin benefits for cerve time used du tribute to retirem please list the a	ility date and/or the ne Patrol Business of the Patrol Business of t	amount of office to control?with the solution and describle to ques	of your retiremer on firm the actual State Patrol?	I dates. Yes □ No
			<u>-</u>	erification of Servi			
 I understand a and/or the amo I understand N I understand a retirement and I certify I am m DROP entry da 	ny periods wont of my repers will control of my repers will control of may impact aking this repers of the control of the control of my may impact aking this repers of the control of my	where I was netirement benorroborate thice and non- may eligibility equest up to con-	ot contributing to efit. e information I recontributing perion for and/or the agne year but no	reported on this form	negatively n with the d by NPE ment bene prior to m	State Patrol Bu RS when I subn efit. ny anticipated re	nit my application for tirement date or
Member's Signature:				Date	ə:		

Page 1 of 1 BAR CODE