**Employee Status Form**

Employee Name (print): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Social Security Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_ \_\_\_\_

### **Student Status\***

Are you a student at any Washington State community or technical or college? Yes  No

If yes, are you currently enrolled for 6 or more credits? Yes  No

Are you enrolled for academic credit and regularly attending any accredited higher education institution? Yes  No

If yes, to any of the above questions, please indicate the College(s) attending: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_

### **Retirement Status\*\***

1. Have you ever been a member of a Washington State Retirement System? (TRS, PERS, SBRP, etc.) Yes  No

2. Are you currently making contributions and earning service credit through employment Yes  No

with another public employer, such as another college, the Washington Student Achievement

Council (WSAC) or the State Board for Community and Technical Colleges (SBCTC)?

If yes, list the name of the other college or agency: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

3. If your response to either one of the above questions is YES, what system and plan? (check all that apply)

Teachers’ Retirement System (TRS): Plan 1  Plan 2  Plan 3

Public Employees’ Retirement System (PERS): Plan 1  Plan 2  Plan 3

Other Washington State Plan: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

With the following employer: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

4. Have you withdrawn your contributions? Yes  No

5. Have you ever **retired** from one of the retirement systems listed above? Yes  No

1. Are you currently employed (or were you last quarter) a contributing participant Yes  No

of SBRP at a community/technical college, the WSAC, or the state Board listed

above?

**I hereby certify the statements completed above are true and complete. Please sign and date:**

**Employee signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**RETURN THIS FORM TO THE HUMAN RESOURCES OFFICE, BLDG. 14** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_

### **For Human Resources Use Only**

The information below has been verified using the Department of Retirement Systems’ (DRS) Member Reporting Verification (MRV) application, via direct access to DRS’ member database, or by contacting a DRS representative.

Yes  Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ No  (Member)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_

\*Employers are required to classify student tax status in accordance with IRS Rev Proc 98-16 and 2005-11. Student status as defined

by TCC impacts the determination of health insurance eligibility.

\*\*Employers are required to solicit this information from all new employees (RCW 41.50.130); TRS Teachers’ Retirement Plan; PERS

Public Employees’ Retirement System; SBRP State Board Retirement Plan