



# Wayne County Employees' Retirement System

28 West Adams, Suite 1900  
Detroit, MI 48226  
888.600.6033  
313.224.1917 Fax

## Other Governmental Service Application Form

This form is to be completed by Wayne County employees who are purchasing qualifying service credit from other governmental agencies. The employee is to complete Section A, then forward this form to the previous employer. Section B is to be completed by the employer or employer's custodian of records and forwarded to the employer's retirement system to complete Section C. Incomplete, illegible, or inaccurate information may delay processing.

### Employee Information

Name (First, M.I., Last)		Social Security Number		Date of Birth	
Street Address				Daytime Phone Number	
City		State	Zip Code	Previous Name(s)	

### Section A - Authorization

I authorize my former employer and its custodian of retirement records to release information in Sections B and C to Wayne County Employees' Retirement System (WCERS).

Applicant's Signature

Date

### Section B - Other Governmental Employment Verification

Name of Government Agency					
Applicant's Last Job Title				Total service credited with agency	
Type of Government Agency (check one)			Employment Dates		
<input type="checkbox"/> County	<input type="checkbox"/> Federal	<input type="checkbox"/> State	Begin Date	End Date	Full/Part Time (FT/PT)
<input type="checkbox"/> City	<input type="checkbox"/> Township	<input type="checkbox"/> Village			<input type="checkbox"/> FT <input type="checkbox"/> PT
					<input type="checkbox"/> FT <input type="checkbox"/> PT
					<input type="checkbox"/> FT <input type="checkbox"/> PT

By signing below, I certify that the above applicant worked the dates indicated and the statements above are true to the best of my knowledge and belief.

\_\_\_\_\_  
Certifying Official's Signature

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

\_\_\_\_\_  
Certifying Official's Name

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Certifying Agency Mailing Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State, Postal Code

# Other Governmental Service Application Form (continued)

## Section C – Retirement Clearance

When answering the questions below, please refer to the definitions listed here:

**Refunded.** Applicant has been paid any or all retirement contributions on deposit.

**Distributed.** All retirement benefits have been dispersed.

**Forfeited.** Applicant has relinquished all rights to any past, present, or future retirement benefit.

**On Deposit.** Applicant has funds left on account with your retirement system.

**Not Vested.** Applicant has funds left on account with your retirement system, but due to membership requirements is not eligible to receive a refund of those contributions.

Applicant's Name \_\_\_\_\_

Social Security Number \_\_\_\_\_

1. Did the applicant participate in a retirement plan?  Yes (complete entire section)  No (sign and return to WCERS)

From \_\_\_\_\_

To \_\_\_\_\_

From \_\_\_\_\_

To \_\_\_\_\_

2. Is the applicant currently eligible for a benefit?  Yes  No

3. Is the applicant eligible for benefits in the future?  Yes  No

4. Was the applicant eligible for benefits in the past?  Yes  No

If Yes, check all that apply

Refunded  Distributed  Forfeited  On Deposit  Not Vested: \_\_\_\_\_

By my signature below, I certify that the information I have provided is true and complete to the best of my knowledge.

\_\_\_\_\_  
Certifying Official's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Certifying Official's Name (Print)

\_\_\_\_\_  
Title

\_\_\_\_\_  
Certifying Agency

\_\_\_\_\_  
Address

\_\_\_\_\_  
City, State, Postal Code

After all sections have been completed, the certifying agency should return the application to:

Wayne County Employees' Retirement System  
28 West Adams  
Suite 1900  
Detroit, MI 48226

### For Office Use Only

Credited service granted for purchase/eligibility?  Yes  No Years \_\_\_\_\_ Months \_\_\_\_\_

Processed by \_\_\_\_\_

Processed Date \_\_\_\_\_