RETIREMENT VERIFICATION QUESTIONNAIRE

EMPLOYEE NAME: _____ SSN: _____
(Please Print)

1. Have you ever contributed to a Louisiana Public Retirement System (i.e. TRSL, LASERS, School Employee Retirement System, State Police, LA Optional Retirement Plan)? IF NO STOP HERE.

   __ Yes ___ No Name of System _____

2. Did you withdraw contributions when you left previous employment? ___ Yes ___ No

3. Please indicate the position(s) you previously held or currently hold:

		YEARS EMPLOYED			EMPLOYER
____	Teacher, Professor, Instructor	From _____	To	_____	_____
____	Custodian, School Bus Driver	From _____	To	_____	_____
____	School Food Service Worker	From _____	To	_____	_____
____	Other _____	From _____	To	_____	_____

4. If you are now a member of a Public Retirement System, please indicate how many years of service you currently have in the system _____ years.

5. Are you retired from a Louisiana Public Retirement System? ____ Yes ____ No

   Which agency? _____ Date of Retirement _____
   Which system? _____

6. Have you ever or are you currently participating in the Deferred Retirement Option Plan (DROP)? ____ Yes ____ No

   If yes, what is the Beginning date of DROP? ___/___/___ Ending Date? ___/___/___

If you enter the DROP plan while you are employed (full time or part time) at The University of Louisiana at Monroe, it is imperative that you notify the Benefits Section of the Human Resource Office immediately. Failure of notification could jeopardize future retirement benefits.

FOR HUMAN RESOURCES USE ONLY

7. Employees transferring to ULM from any State Agency (except those under the ULS Board) will be required to pay Medicare-only tax, unless the employee filed a NO VOTE with their previous agency during a "Medicare Divided Vote Referendum."

   A. Employee will be contributing to Medicare only. _____ Yes _____ No

8. Employees teaching less than six credit hours and NOT currently enrolled in a Louisiana Public Retirement System (not currently employed by the State, i.e. Parish School System) or vested in a Louisiana Public Retirement System (ex: TRSL, LASERS, School Employees Retirement System, State Police), the employee **WILL** contribute to Social Security/Medicare (FICA/MQFE).

   A. Employee will be contributing to both FICA/MQFE. _____ Yes _____ No

PLEASE READ THE STATEMENTS BELOW:

I have read and completed the Retirement Verification Questionnaire and realize that this information is necessary to properly complete my employment file. I understand that incorrect information will cause my retirement classification to be reported incorrectly and may result in underpayment/overpayment of retirement contributions, federal and or state taxes and W-2 reporting.

_____ _____
Employee Signature Date