



STATE OF DELAWARE OFFICE OF PENSIONS

RETIREMENT SUBMISSION FORM

PLEASE COMPLETE AND RETURN FORM TO THE OFFICE OF PENSIONS

The purpose of this form is to start the processing of your pension application for your intended retirement date once you have made the decision to retire. It is not for the purpose of seeking retirement counseling services for an unknown retirement date.

Name:	EMPLID/SSN:
Work Phone Number:	Personal Phone Number after Retirement:
Work Email Address:	Personal Email Address after Retirement:
Mailing Address:	

Date of Birth: _____
Marital Status: Single Married: (Date of Marriage: _____) Divorced (QDRO? Yes No)
Current Agency/School District: _____
Retirement Effective Date: _____

Additional Information that is helpful but not required:

Original Date of Hire: _____
Military/Other Professional Educational Employment: _____
Breaks in Service (unpaid LOA, STD/LTD, term/rehire): _____
Estimated Sick Leave Balance: _____

Spouse/Dependents to be covered on health, dental, or vision insurance (Check here if not yet certain:)

Name: _____	Date of Birth: _____	SSN: _____
Name: _____	Date of Birth: _____	SSN: _____
Name: _____	Date of Birth: _____	SSN: _____

Is any member listed above eligible for Medicare? _____ (if yes, please supply a copy of the Medicare card)

If married, is your spouse a State of Delaware employee or retiree? Yes No

I understand that by completing this form, I am authorizing the Pension Office to submit a pension application effective the designated Retirement Effective Date. I understand that I will be required to provide personal documentation and complete all necessary paperwork, which may require requesting documentation/information from the applicable sources. I understand that I must notify my agency's human resources department, in writing, of my intent to retire and any requests to change or rescind my retirement date.

Signature: _____ Date: _____

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WWW.DELAWAREPENSIONS.COM



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Once completed, return this form to the Pension Office at Retire@delaware.gov or via fax to (302) 739 – 6129. To facilitate a smooth retirement process and allow enough time to audit your employment records accurately, it is recommended that you submit this completed form four months prior to the intended Retirement Effective Date.

It is also recommended to have the following records ready to submit to the Pension Office before your retirement effective date:

- Medicare card, if applicable
- Birth verification or a federally compliant drivers' license for you and your spouse;
- Birth verification or a federally compliant drivers' license for any dependents to be covered on health, dental, or vision;
- Social security card for you and your spouse (must be signed and an original card from SSA);
- Social security card for any dependents to be covered on health, dental, or vision;
- Marriage verification:
 - o If the name on your birth verification differs from your current name, supporting documents to verify your identity are required, such as a divorce decree and prior marriage licenses.
- Documentation of Active Military Duty (DD 214), if applicable