

Toll-Free: (800) 821-2251

alaska.gov/drb

## **Application for Alaska Bureau** of Indian Affairs Employment

(To be completed by member)

Division of Retirement and Benefits P.O. Box 110203 Juneau, AK 99811-0203 Juneau: (907) 465-4460 TDD: (907) 465-2805 Fax: (907) 465-3086

FOR OFFICE USE ONLY	
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I wish to apply for nontead (PERS) and hereby author					Public Employees' Retirement System btedness for that service.			
I certify that I do not have a vested federal retirement benefit at this time. I understand that if I should become vested at some future date, I am required to notify the Division of Retirement and Benefits.								
					sting status in the federal retirement ification is received by the Division of			
☐ I certify that I have a vested federal retirement benefit.								
In order to have your service verified, please return this claim form to:								
National Personnel R 1411 Boulder Boulev		,						
Fax: 618-935-3014								
MEMBER'S SIGNATURE			DATE		SOCIAL SECURITY NUMBER			
	ATIC		KA BUREAU O (To be complete		FAIRS EMPLOYMENT			
Type of Service FT/PT/LWOP Segmen (Hrs.		Retirement System FERS/CSRS	From MM/DD/YY	To MM/DD/YY	Location/Position			
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Note: Part-time service price	or to Ju	uly 1, 1976, is not	creditable.					
SIGNATURE AND TITLE OF VER	RIFYING	DATE						