Clear Form

WASHINGTON STATE Department of Retirement Systems

Retirement Status Verification

Employers can use this form to document the retirement status of all new employees, as required by RCW 41.50.139.

Contact Information for
Employer Support Services at DRS
360.664.7200, option 2
800.547.6657, option 6, option 2
employersupport@drs.wa.gov

Employer Instructions

RCW 41.50.139 requires employers to obtain, in writing, the retirement status of all new employees. Employers can document retirement status through their own processes or by using this DRS form. If using this form, follow these instructions:

- Ask the employee to complete and sign the Employee Information section below.
- Use Member Reporting Verification (MRV) to review the employee's retirement status.
- Record the results in the Employer Verification section below.
- Determine whether the employee retired using the 2008 Early Retirement Factors. ☐ Yes ☐ No
  If yes, contact DRS Employer Support Services (ESS) immediately.
- Use Retiree Return to Work (RRTW) Reporting Charts to review reporting instructions as necessary.
- Sign and date this form.
- Retain this form for 60 years.

Employee Information		Employer Verification
Employee Name (Last, First, Middle)	Social Security Number	
Are you a retiree of one of Washington state's retirement systems? If yes, which one(s)? ☐ Yes, _____ ☐ No		☐ Yes ☐ No
Are you a retiree of a separate retirement plan covered by the city of Seattle, Spokane or Tacoma? If yes, which one(s)? ☐ Yes, _____ ☐ No		If the employee checked yes, stop. Contact ESS before enrolling the employee in a DRS retirement plan.
Are you currently employed by another public employer and contributing to a Washington state retirement system? That is, will you be working at the same time for two public employers? ☐ Yes ☐ No		If the employee checked yes, stop. Contact ESS before enrolling the employee in a DRS retirement plan.
Employee Signature	Date	

Employer Comments (optional)

Please enter any additional comments here. If you need more room, use the back of this form and check this box: ☐

Employer Signature

I have verified the information above using MRV or by contacting a DRS representative. I acknowledge that failure to properly report a retiree to DRS can result in a liability to the employer.

Employer Signature	Date