



Utah Retirement Systems
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 FAX (801) 366-7759
 www.urs.org

STATEMENT OF INELIGIBILITY (For Defined Benefit Pension Service Credit)

PLEASE REFER TO YOUR EMPLOYER'S GUIDE FOR ELIGIBILITY REQUIREMENTS

- EMPLOYER INSTRUCTIONS:** 1. Please type or print clearly in black ink.
 2. Complete Sections A, B, and D. Photocopy for your records and return the original to the Retirement Office.
- EMPLOYEE INSTRUCTIONS:** 3. Complete Section B and sign in Section C.

SECTION A - EMPLOYEE INFORMATION AND CLASSIFICATION (Please type or print clearly in black ink.)

Employer Name	Employer Number	Agency Number (if applicable)
Employee Name (First, Middle, Last)	Date of Birth	Social Security Number
Employee Position	Rate of Pay (hour, day, week, month)	Date of Ineligibility

This employee is not eligible to accrue Defined Benefit Pension Service Credit with URS for the following reason(s):
 (check all that apply)

- Temporary Employee
- Seasonal Employee
- Employee without benefits normally provided, e.g., sick leave or vacation
- Hours have dropped below an average of 20 hours per week
- A teacher who teaches less than half-time
- A classified school employee who works less than 20 hours per week
- Full-time higher education employee eligible for TIAA-CREF
- Ineligible Elected/Appointed Official who does not meet the current earnings requirement:
 Beginning date of term _____ Ending date of term _____ Monthly salary _____
(yyyy/mm/dd) (yyyy/mm/dd)

SECTION B - DEFINED CONTRIBUTION - 401(k) /457

EMPLOYEE

- Yes Do you wish to participate in the 401(k) or 457 Plan offered by Utah Retirement Systems?
 If yes and if your employer participates in this plan, complete a 401(k) and 457 Plan Enrollment Contract (Form DCCT-1). Your
- No employer must send the contract with this form to the Retirement Office.

EMPLOYER

- Yes Will you be paying 401(k) or 457 Plan benefits on behalf of the employees to Utah Retirement Systems?
 If yes, provide the employee with a 401(k) and 457 Plan Enrollment Contract (Form DCCT-1). Send the Contract with this form to the
- No Retirement Office.

SECTION C - EMPLOYEE SIGNATURE AND ACKNOWLEDGEMENT

I understand that I am not eligible to accrue Defined Benefit Pension Service Credit toward a monthly retirement allowance from URS.

Employee Signature	Date
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SECTION D - TO BE COMPLETED BY THE EMPLOYER (Please type or print clearly in black ink.)

The employer certifies that this employee is not eligible for service credit for the reason(s) noted above. The employer must notify the Retirement Office in writing when the employee becomes eligible for service credit.

Authorized Signature	Date
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