

2015 ANNUAL STATEMENT OF EARNED INCOME

NEW MEMBER DATA

- ☐ MEMBER'S NAME: _____
- | | LAST | FIRST | MIDDLE INITIAL |
|---|-------|-------|----------------|
| <input type="checkbox"/> ADDRESS: | _____ | | |
| <input type="checkbox"/> SOCIAL SECURITY NUMBER: | _____ | | |
| <input type="checkbox"/> DATE OF BIRTH: | _____ | | |
| <input type="checkbox"/> DATE OF RETIREMENT: | _____ | | |
| <input type="checkbox"/> AGENCY RETIRED FROM: | _____ | | |
| <input type="checkbox"/> POSITION/TITLE: | _____ | | |
| <input type="checkbox"/> TYPE OF DISABILITY (ACC/ORD): | _____ | | |
| <input type="checkbox"/> ANNUAL ANNUITY AMOUNT: \$ | _____ | | |
| <input type="checkbox"/> ANNUAL PENSION AMOUNT: \$ | _____ | | |
| <input type="checkbox"/> ANNUAL DEPENDENCY AMOUNT: \$ | _____ | | |
| <input type="checkbox"/> WORKERS COMPENSATION OFFSET AMOUNT: \$ | _____ | | |

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- | | LAST | FIRST | MIDDLE INITIAL |
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| <input type="checkbox"/> ANNUAL DEPENDENCY AMOUNT: \$ | _____ | | |
| <input type="checkbox"/> WORKERS COMPENSATION OFFSET AMOUNT: \$ | _____ | | |

Please make sure all information is complete and accurate.