2015 ANNUAL STATEMENT OF EARNED INCOME NEW MEMBER DATA

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	LAST	FIRST	MIDDLE INITIAL	
ADDRESS:				
SOCIAL SECUR	ITY NUMBER:			
DATE OF BIRTH	I:			
DATE OF RETIR	REMENT:			
AGENCY RETIR	ED FROM:			
POSITION/TITLI	E:			
TYPE OF DISAB	BILITY (ACC/ORD):_			
ANNUAL ANNU	UTY AMOUNT: \$			
ANNUAL PENSI	ON AMOUNT: <u>\$</u>			
ANNUAL DEPEN	ANNUAL DEPENDENCY AMOUNT: \$			
WORKERS COMPENSATION OFFSET AMOUNT:				
MEMBER'S NAM	ME:			
	LAST	FIRST	MIDDLE INITIAL	
ADDRESS:				
DATE OF BIRTH	ITY NUMBER:			
DATE OF RETIR	I:			
	I: REMENT:			
AGENCY RETIR	I: REMENT: RED FROM:			
AGENCY RETIR POSITION/TITLI	I: REMENT: RED FROM: E:			
AGENCY RETIR POSITION/TITLI TYPE OF DISAB	I: REMENT: RED FROM: E: BILITY (ACC/ORD):			
AGENCY RETIR POSITION/TITLI TYPE OF DISAB ANNUAL ANNU	I: REMENT: RED FROM: E: BILITY (ACC/ORD): JITY AMOUNT: \$			
AGENCY RETIR POSITION/TITLI TYPE OF DISAB ANNUAL ANNU ANNUAL PENSI	I: REMENT: RED FROM: E: BILITY (ACC/ORD): UITY AMOUNT: \$ RON AMOUNT: <u>\$</u>			
AGENCY RETIR POSITION/TITLI TYPE OF DISAB ANNUAL ANNU ANNUAL PENSI ANNUAL DEPEN	I: REMENT: RED FROM: E: BILITY (ACC/ORD): UITY AMOUNT: \$ ON AMOUNT: <u>\$</u> NDENCY AMOUNT:			

Please make sure all information is complete and accurate.