

**2014 ANNUAL STATEMENT OF EARNED INCOME  
NEW MEMBER DATA**

- MEMBER'S NAME: \_\_\_\_\_  

LASTFIRSTMIDDLE INITIAL
- ADDRESS: \_\_\_\_\_
- SOCIAL SECURITY NUMBER: \_\_\_\_\_
- DATE OF BIRTH: \_\_\_\_\_
- DATE OF RETIREMENT: \_\_\_\_\_
- AGENCY RETIRED FROM: \_\_\_\_\_
- POSITION/TITLE: \_\_\_\_\_
- TYPE OF DISABILITY (ACC/ORD): \_\_\_\_\_
- ANNUAL ANNUITY AMOUNT: \$ \_\_\_\_\_
- ANNUAL PENSION AMOUNT: \$ \_\_\_\_\_
- ANNUAL DEPENDENCY AMOUNT: \$ \_\_\_\_\_
- WORKERS COMPENSATION OFFSET AMOUNT: \$ \_\_\_\_\_

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- WORKERS COMPENSATION OFFSET AMOUNT: \$ \_\_\_\_\_

*Please make sure all information is complete and accurate.*