



Termination Verification



It is the employee's responsibility to have this form completed.

Employer's Verification of Termination

Please note that if this employee worked for you for less than six months of reemployment, you should **not** complete this form. You should file a *Periodic Wage Reporting Adjustment* form instead.

I HEREBY CERTIFY that our records show the following:

Employee's name: _____

Date reemployment began with IPERS-covered employer: _____

Date last considered an employee: _____

Date of last paycheck from which IPERS was or will be deducted: _____

Is this person going on official leave of absence with you? Yes: _____ No: _____

Signature of reporting official: _____

Title of reporting official: _____

Date: _____ Phone: _____ IPERS account number: _____

Employer name: _____

To be completed by the IPERS member:

I have reviewed the above information and it is correct to the best of my knowledge.

Are you receiving social security disability or railroad retirement disability benefits?

Yes: _____ No: _____

Signature of employee: _____ Date: _____

Date of birth: _____ Member ID: _____

Street address: _____ City: _____

State: _____ Zip: _____ Home phone: _____