PERF INDIANA

State Form 52370 (9-05)

PRIVACY NOTICE

All social security numbers are requested by this agency in accordance with the requirements of the Internal Revenue Code. Disclosure is mandatory and this form will not be processed without this information.

Request for Service Credit Review

Member Information

1. Please PRINT and use BLACK or BLUE ink.
2. The following information will be used to calculate your service credit, so please be as specific as possible.

Social Security Number	PERF Number (If known)	Maiden Name(s): Please include all names previously used.
First Name	MI	Last Name
Address		
City	State	Zip Code
Daytime Phone (area code first)	Evening Phone (area code first)	
Signature	Email Address	

Employment History

1. Include your PERF-covered employment history with start and end dates.
2. List different periods of employment with the same employer separately.
3. Attach additional sheets as necessary. Please write your name and social security number on additional sheets.

Employer	Start date	End date

Do you plan to retire within the next 12 months? ☐ YES ☐ NO

If so, when? _____