

ARIZONA STATE RETIREMENT SYSTEM (ASRS) 65+ MEMBERSHIP WAIVER FORM

COMPLETE AND SEND TO: ASRS Financial Services PO Box 33910 Phoenix, AZ 85067-3910 ASRS Numbers
Phoenix (602) 240-2000
Tucson (520) 239-3100
Toll-Free (800) 621-3778
Fax (602) 240-2093
www.azasrs.gov

PLEASE PRINT OR TYPE

Disclosure of your Social Security number is mandated by Section 6109 of the Internal Revenue Code. The ASRS will use Social Security numbers only to obtain information about an individual's ASRS account and to inform the Internal Revenue Service of distributions and withholdings with respect to the individual's account.

This Waiver Form <u>must</u> be filed with the ASRS within thirty days of employment.

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Employee Information						
Social Security Number Employee Name (La			(First)		(Middle Initial)	
Date of Birth (MM/DD/YYYY) Marital S		Status (Check One) Gen		Gender (Check One	nder (Check One)	
Single		e 🗌 Married 🗌 Male		Male Fer	le 🗌 Female 🗌	
Address						
City		State			ZIP Code	
E-Mail Address			Home Telephone Number			
			()			
By my signature below, I elect to waive my rights to ASRS membership since I began working at age 65 or older. I am making this election within 30 days of employment. I understand that I will not be eligible for any retirement, disability or health insurance benefits offered by the ASRS.						
By my signature below, I acknowledge that I am not an active, inactive, disabled or retired member with the ASRS.						
 By my signature below, I acknowledge that this election is <u>irrevocable</u> for the remainder of my employment with this employer, and the time I work is not eligible for future purchase in the ASRS. 						
Employee Signature			Date			
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Employee Information to be Completed by the Employer ONLY						
Employer Name		Employer Number		Employment	Employment Start Date	
Employee Annual Salary Number of			r of Hours per Week Worked (Check one - provide weekly hours.)			
☐ Estimated or ☐ Actual weekly hours=					S=	
Employer Payroll or HR Manager Name (Print)				Employer Phone Number		
				()		
Employer Payroll or HR Manager Signature				Date		

Employer: This form must be received by the ASRS within 30 days of employment. Do not withhold ASRS contributions for the employee electing to waive ASRS membership.