



STATE OF DELAWARE  
OFFICE OF PENSIONS

ACTUARIAL FORM  
(NEW HIRE ONLY)

PLEASE COMPLETE AND RETURN FORM TO THE OFFICE OF PENSIONS

PERSONAL DATA (please print)

Name: \_\_\_\_\_ SSN: \_\_\_\_\_  
(Last Name, First Name) (Maiden Name)  
Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
Email Address: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Gender: Female  Male  Marital Status: Married  Single  Widow

EMPLOYMENT DATA

Current Organization: \_\_\_\_\_  
Department ID: \_\_\_\_\_ Date of Hire with Organization: \_\_\_\_\_  
Plan: (check one)  State Employees  State Police  Judiciary  Legislative  
 C/M General  C/M Police/Fire  Volunteer Fire  
Previous State of Delaware pension creditable service: (do not include durational or casual/seasonal)

NAME OF ORGANIZATION	FROM		THROUGH	
	MONTH	YEAR	MONTH	YEAR

OTHER SERVICE

Did you serve in the Armed Forces of the United States: YES  NO  (If yes, please provide a DD-214)  
Have you ever rendered full-time service in professional educational employment or full-time employment for another State or the Federal Government, a county or municipality of the State of Delaware, a political subdivision of the State of Delaware, or in an accredited private school or college?  
YES  NO  (If yes, please submit documentation as requested on Other Governmental/Educational Service Verification Form under Active Members/Active Members Forms on our website.)

COMPLETE AND SIGN ON PAGE 2



**SPOUSE INFORMATION (if applicable)**

Name of Spouse: \_\_\_\_\_ Gender: Male  Female   
(Last Name, First Name) (Maiden Name)

Address: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ SSN: \_\_\_\_\_ Date of Marriage: \_\_\_\_\_

**DEPENDENT INFORMATION (if applicable)**

Name: \_\_\_\_\_ Gender: Male  Female   
(Last Name, First Name)

Disabled before the Age of 18: YES  NO

Address: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ SSN: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Gender: Male  Female   
(Last Name, First Name)

Disabled before the Age of 18: YES  NO

Address: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ SSN: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Gender: Male  Female   
(Last Name, First Name)

Disabled before the Age of 18: YES  NO

Address: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ SSN: \_\_\_\_\_ Relationship: \_\_\_\_\_

**I hereby certify that all information given is accurate and true to the best of my knowledge and belief.**

X \_\_\_\_\_  
**SIGNATURE** **DATE**