



Verification of Employment by SDRS Participating Employer

Form Revision Date: 7/2021-A

Submit completed form to: SDRS, PO Box 1098, Pierre, SD 57501
Questions? Call toll-free: 1-888-605-SDRS (7377)

Completion of this form is required if you answer "Yes" to one or both of the following statements.

I am currently employed by my employer full-time. Yes No

I am currently drawing an SDRS benefit. Yes No

Personal Information

Social Security Number	Last Name	First Name	MI
Mailing Address		City	State ZIP
Date of Birth	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Marital Status <input type="checkbox"/> Single <input type="checkbox"/> Married	
Primary Phone Number	Secondary Phone Number	Please include a photocopy of <u>one</u> of the following forms of identification: <input type="checkbox"/> Driver License <input type="checkbox"/> Passport <input type="checkbox"/> Govt-issued Nondriver ID	
Primary Email		Secondary Email	
If providing your email address, you grant SDRS permission to include your email address on the SDRS email list. You may unsubscribe from this list at any time by contacting SDRS.			

Spouse Information

Spouse's Social Security Number	Last Name	First Name	MI
Date of Birth	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Marriage	

Member's Affirmation and Signature

I declare and affirm under the penalties of perjury that this information has been examined by me, and to the best of my knowledge and belief, is in all things true and correct.	
Member's Signature	Date

Authorized Agent's Signature

Six-Digit SDRS Employer Number	Employer Name
Phone Number	Employee's Employment Type <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time (<1,250 hours)
Authorized Agent's Signature	Date