



Acknowledgment of Potential Consequences Relating to Working After Retirement

Section A: Applicant information (Type or print clearly in dark ink. Illegible forms could be returned to you, which could delay your request.)

First name	MI	Last name	PERS number (optional)
Mailing address (street or PO box)			Social Security number
City	State	Zip	Country
			Date of birth (mm-dd-yyyy)
Day phone number	Evening phone number		Email (optional)

Section B: General information

It is your responsibility to be informed of the work after retirement restrictions that may apply to you as a Tier One/Tier Two retiree pursuant to Oregon Revised Statutes (ORS) 238.078, 238.082, and 238.092, and Oregon Administrative Rules (OAR) 459-017-0060. These restrictions are described in the PERS document entitled [Working After Retirement Information for Tier One/Tier Two Retirees](#).

Your signature in Section C below acknowledges you have read the PERS document entitled Working After Retirement Information for Tier One/Tier Two Retirees and understand the potential consequences for working for a PERS-covered employer after retirement. You must sign and date the applicant signature line. Unsigned forms could delay processing your benefits.

Section C: Acknowledgment

By signing below I acknowledge that I have received and read the PERS document entitled [Working After Retirement Information for Tier One/Tier Two Retirees](#).

 Applicant signature (do not print) _____
 Date

*Providing your Social Security number (SSN) is voluntary. It will be used for confirmation purposes. If you choose not to supply your SSN, it may take PERS staff longer to process your form.
 In compliance with the Americans with Disabilities Act, PERS will provide help filling out this form upon request. You can request help by phoning 888-320-7377, or TTY 503-603-7766.
 ORS 238.078, 238.082, and 238.092. OAR 459-017-0060
 Form #459-669 (8/7/2014) SL3 IIM Code: 3160