



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

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

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 must be filed with the ASRS within thirty days of employment.

Employee Information				
Social Security Number	Name (Last)	(First)	(Middle Initial)	Gender <input type="checkbox"/> M <input type="checkbox"/> F
Current Mailing Address			Marital Status <input type="checkbox"/> Single <input type="checkbox"/> Married	
City	State	ZIP	Date of Birth (MM/DD/YYYY)	
Personal Email Address	Primary Phone ()	Secondary Phone ()	Mobile Phone ()	
<ul style="list-style-type: none"> 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	

Employee Information to be Completed by the Employer <u>ONLY</u>		
Employer Name	Employer Number	Employment Start Date
Employee Annual Salary	Number of Hours per Week Worked (Check one and provide weekly hours.) <input type="checkbox"/> Estimated or <input type="checkbox"/> Actual weekly hours= _____	
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.

