



# UNIVERSITY OF ALASKA

DIV/DEPT/UNIT		TKL
LAST NAME	FIRST	M.
SOCIAL SECURITY NUMBER		

## TEMPORARY EMPLOYEES EXEMPTION FROM SOCIAL SECURITY

Employee currently eligible for retirement

I am eligible to receive retirement benefits from a retirement plan.

Name of Retirement System \_\_\_\_\_

Number of years in system \_\_\_\_\_ Age \_\_\_\_\_

Rehired annuitant

I have already received benefits from a retirement system.

Name of retirement system \_\_\_\_\_

Date of receipt of first benefit payment \_\_\_\_\_

The above information is provided to determine my eligibility for exemption from social security deductions.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

### FOR UNIVERSITY USE ONLY

Is vested and is deemed eligible for retirement from a retirement system which meets IRS regulation 3121 (b)7-2(e)(1), (2) and exempt from social security deduction.

Deemed to be a rehired annuitant and exempt from social security deduction

Note: (Retirement programs other than TRS and PERS must be evaluated to determine if they are considered eligible per the requirements of IRS Reg 3121(b)7-2(e)(1),(2). The Social Security program does not qualify.)

Authorized by \_\_\_\_\_

Date \_\_\_\_\_

Original: Regional Personnel  
Copy: SW Payroll Accounting  
Copy: Employee