

**SERVICE CREDIT PURCHASE  
PRIOR-GOVERNMENTAL EMPLOYMENT VERIFICATION**

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Name: \_\_\_\_\_  
*First, Middle Initial, Last*

DERP ID: \_\_\_\_\_

Address: \_\_\_\_\_  
*Street, City, State, Zip*

SSN: \_\_\_\_\_  
*Last 4 Digits*

Primary Phone Number: \_\_\_\_\_

DOB: \_\_\_\_\_

Email Address: \_\_\_\_\_

Gender: M / F

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**Employment History (To be completed by the former employer)**

The member listed above is interested in purchasing prior-governmental service with Denver Employees Retirement Plan (DERP) based on his/her former employment with your organization. To verify employment, please complete the information below and return the form to the address listed above. If a retirement program existed for this employment, please have the form completed by the appropriate retirement organization.

Employer Name: \_\_\_\_\_

Employer Address: \_\_\_\_\_

Former Employee was employed from \_\_\_\_\_ to \_\_\_\_\_  
*(MM/DD/YYYY) (MM/DD/YYYY)*

Was a retirement program (other than Social Security) in effect for this employee?  Yes  No

If yes, provide the name of the retirement program:

\_\_\_\_\_

Is the former employee vested or eligible to receive any retirement benefits from this program?

Yes  No

I certify that the above statements are correct according to our records.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Title: \_\_\_\_\_