



Previous Employment - Retirement System Information

Please complete this form to ensure appropriate enrollment in a State of Montana retirement system. Completion of this form will ensure appropriate retirement contributions are made on your behalf by Montana State University.

Name (please print): _____ MSU Start Date: _____

Employing Department: _____ Department Phone: _____

Have you ever been previously employed by a Montana State Agency (including the public school system), or a unit of the Montana University System? YES ___ NO ___

If yes, please provide the Agency name and approximate dates of employment:

Agency Name: _____

Agency Start Date: _____ Agency End date: _____

Are you an active or inactive member of any of the following retirement systems? YES ___ NO ___

Montana Public Employees Retirement System (MPERS) YES ___ NO ___

Montana Teachers Retirement System (TRS) YES ___ NO ___

Montana Game Wardens and Peace Officer's Retirement System (GWPORS) YES ___ NO ___

Other (please list) _____ YES ___ NO ___

Have you ever retired from a retirement system for Montana public employees? YES ___ NO ___

Employee Signature: _____ Date: _____

If you would like information regarding Montana University System's optional supplemental annuities please visit our website at: <http://www.montana.edu/hr/Retirement/MSURetirementProviders.pdf>, or call our office at 406-994-3651 and ask to speak with a Benefit Associate.