

NDRS RETIREMENT INFORMATION REQUEST FORM (RIRF)

PLEASE READ: The RIRF is created for Retirement Estimates and Kits for clients that are of retirement age. All information requested on this form **MUST BE COMPLETED**. Incomplete RIRFs will delay your request. **If you are inquiring on Survivor Benefits for your spouse's retirement, a marriage license, common law affidavit, and death certificate will be required.**

REQUEST TYPE: ☐ Retirement Estimate

☐ Retirement Kit

FULL NAME: _____

DATE: _____

OTHER NAME USED: _____

SOCIAL SECURITY NO.: _____

NN EMPLOYEE NO.: _____

DATE OF BIRTH: _____

MAILING ADDRESS: _____

CONTACT NUMBER: Mobile _____

Home _____

EMAIL ADDRESS: _____

MARITAL STATUS: ☐ SINGLE ; Never Married

☐ MARRIED

☐ 1st Marriage

☐ 2nd Marriage

☐ 3rd Marriage or more

☐ DIVORCED

☐ COMMON LAW

☐ WIDOWED

REQUEST MADE:

☐ IN PERSON

☐ BY PHONE

☐ BY MAIL

☐ BY EMAIL

☐ BY FAX

REPLY REQUESTED:

☐ IN PERSON

☐ BY PHONE

☐ BY MAIL

☐ BY EMAIL

OFFICIAL USE ONLY

RECEIVED BY : _____

CALC TYPE : V ER NR LR PRSDB

RECEIVED STAMP BELOW

NAVAJO NATION OR PRATICIPATING ENTITY EMPLOYMENT INFORMATION ONLY

☐ ACTIVE EMPLOYEE

☐ INACTIVE EMPLOYEE

Estimated Date of Retirement: _____

Termination Date of

Do you have over 160 hours of Sick Leave? _____

Last Employment: _____

If yes, how many hours? _____

Termination means: resignation, layoff, deceased, etc.

☐ DEPARTMENT: _____

☐ HEAD START: *NDRS only have records for Head Start employees that worked thruigh or after 04/01/92.*

☐ EXECUTIVE

☐ LEGISLATIVE

☐ JUDICIAL

☐ NACE

☐ NAPI

☐ NFPI

☐ LAW ENFORCEMENT

☐ CERTIFIED CHAPTER

☐ MILITARY *DD214 is required.*

BENEFICIARY INFORMATION: ALL INFORMATION REQUIRED

IF YOU ARE MARRIED: You must provide spousal information. If you choose to name a beneficiary, other than your spouse, your spouse will be required to sign the *WAIVER OF SURVIVOR ANNUITY* form, on page 7 of the Retirement Kit.

BENEFICIARY: ☐ SPOUSE ☐ CHILD ☐ OTHER: _____

BENEFICIARY'S NAME: _____

DATE OF BIRTH: _____

SOCIAL SECURITY NO.: _____

GENDER: ☐ MALE ☐ FEMALE