



LEOFF Plan 2 Re-employment

This form is for LEOFF Plan 2 retirees or members who meet the eligibility requirements for a normal retirement and are eligible to enter another DRS-covered retirement plan.

Give completed form to your employer.

Need help? Contact DRS. 800.547.6657
or 360.664.7000
TTY: 711 • www.drs.wa.gov

Instructions

Fill out this form and return it to your employer. Your employer will send the form to DRS. If you are a Law Enforcement Officers' and Fire Fighters' Retirement System (LEOFF) Plan 2 retiree or member who meets the eligibility requirements for a normal LEOFF retirement, and you are eligible to enter another DRS-covered retirement system, pick one of the Re-employment Choice options below.

Please review [WAC 415-104-109](#) and [WAC 415-104-111](#) for the rules regarding LEOFF Plan 2 re-employment.

Your Information

Name (Last, First, Middle)	Social Security (Last 4 Digits)
New Employer	Employer Phone Number

Member Status Information (choose one)

- ☐ LEOFF Plan 2 Retiree ☐ LEOFF Plan 2 Member who is eligible to retire with unreduced benefit

Re-employment Choice (you must choose an option)

☐ **Become a member of the new retirement plan.**

That plan could be in the Public Employees' Retirement System (PERS), Public Safety Employees' Retirement System (PSERS), School Employees' Retirement System (SERS) or Teachers' Retirement System (TRS). You will begin making contributions and earning service credit in your new plan. If you are retired from LEOFF Plan 2 when you become a member of another retirement system, you will temporarily stop receiving your monthly LEOFF Plan 2 benefit. When you leave your eligible position, you will begin receiving your LEOFF Plan 2 monthly retirement benefit again as well as retroactive payments for the time you were employed and contributing to the new plan. Depending on the age and service credit requirements of the new plan, you also might be eligible for a retirement benefit for that plan.

☐ **Don't become a member of the new retirement plan.**

If you are retired from LEOFF Plan 2, you will continue receiving your monthly LEOFF Plan 2 retirement benefit. You won't make contributions toward a second retirement benefit. Nor will you earn service credit during your time in your new position.

Signature

I choose the re-employment option marked above. My full name and Social Security number are accurate.

Signature	Date (mm/dd/yyyy)
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**Employers: To return the completed form, use the Upload Documents process in ERA, or mail it to:
Department of Retirement Systems, PO Box 48380, Olympia, WA 98504-8380.
If you have questions, call Employer Support Services at 360-664-7200 or 800-547-6657.**

Your Social Security number is needed so DRS can report to the IRS any funds paid to you. DRS will not disclose your Social Security number unless required to do so by law. (See IRC sections 6041(a) and 6109.)

