Termination of Contributory Service

South Dakota Retirement System
PO Box 1098 Pierre, South Dakota 57501-1098
Phone (888) 605-SDRS (605) 773-3731 FAX (605) 773-3949

SDRS Form B-1

Member Information (Please print or type all items)

Member's Social Security Number	Last Name	First	MI	Maiden
Phone Number	Street Address or PO Box	City	State	ZIP Code

Job Information

Name of Employer	Date Employment Ended (or LOA commenced): _____ Month/Day/Year
Date Member will Receive Final Compensation (or, if LOA, Date of Last Compensation Prior to Beginning LOA) _____ Month/Year	Final Contributions (or Last Compensation Prior to LOA) will be Reported on the Monthly Contributions Report for: _____ Month/Year

Reason for Ending SDRS Contributions:

- ❑ Military Leave of Absence
- ❑ Leave of Absence Expected return from LOA _____
- ❑ Elected Official Opt-Out (Complete SDRS Form E-4)
- ❑ Change of Status from Participating to Non-participating (Position will require less than 20 hrs per week or 6 months per year.)
- ❑ Death (If employee's death occurred while employment relationship existed, the date employment ended should be the same as the date of death.)
- ❑ *Resignation/Termination
- ❑ Disability
- ❑ *Retirement

Authorized Agent's Certification and Signature

*If resignation/termination or retirement is indicated as the reason for ending SDRS contributions, I hereby certify, to the best of my knowledge, that this member:

- Has fully and completely ended employment with this participating unit and unconditionally terminated and forfeited all employment rights; and
- Has not been rehired as a permanent full-time employee, or if rehired, was rehired in an open competitive process without any expressed or implied agreement to be rehired.

Authorized Agent's Signature **Date**