Clear Form

WASHINGTON STATE Department of Retirement Systems

# Contractor or Third-Party Worker Retirement Status Verification

This form is for employers to use to verify the retirement status of a worker paid through accounts payable or a third party.

Contact Information for
DRS Employer Support Services
360.664.7200, option 2
800.547.6657, option 6, option 2
*drs.employersupport@drs.wa.gov*

## Employer Information

Failure to report a retiree to DRS can result in a significant liability to the employer for pension overpayments.

Some workers are considered to be employees of both your agency and the third party (dual employers). A retiree who is in an employee/employer relationship with your agency is subject to the same retiree-return-to-work (RRTW) rules as an employee paid through payroll.

Additionally, workers under age 65 who retired using the 2008 Early Retirement Factors (ERF) are subject to stricter return-to-work rules and cannot perform services in any capacity for a DRS-covered employer and continue to receive a benefit (see WAC 415-02-325).

## Employer Instructions

- Use the Employer Reporting Application (ERA) to review the worker's retirement status.
- Did the worker retire from a DRS-covered plan? ☐ Yes ☐ No
  **If yes and in an employee/employer relationship with your agency, report using RRTW rules.**
- Did the worker retire using the 2008 ERF? ☐ Yes ☐ No
  **If yes, contact Employer Support Services (ESS) immediately.**
- Sign and date this form.
- Retain this form for three years beyond your relationship with the worker.

## Worker Information

| Worker Name (Last, First, Middle) | Social Security Number |
|---|---|
| If your agency doesn't directly pay the worker, name the company or contractor paying the worker. | |
| Identify the Type of Worker (Check Only One)<br>☐ Employee hired through a third party (staffing agency, temp agency, etc.)<br>☐ Independent contractor<br>☐ Worker provided by company or contractor my agency hired to perform services | |

## Employer Signature

| I have verified the information above using ERA or by contacting a DRS representative. I acknowledge that failure to properly report a 2008 ERF retiree to DRS can result in a liability to the employer. | |
|---|---|
| Employer Signature | Date |



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