

GOVERNMENT EMPLOYEES RETIREMENT SYSTEM

3438 Kronprindsens Gade, GERS Complex - STE 1, St. Thomas, VI 00802-5750 • (340) 776-7703 • Fax (340) 776-4499 3005 Orange Grove, Lot #5, Christiansted, St. Croix, VI 00820-4313 • (340) 773-5480 • Fax (340) 773-5497

PRIOR SERVICE FORM

(Please print all information on form.)	DATE:	
I.	. hereby request i	nformation as to the amount of servic
(Print Name)	, hereby request i	
time that I have accrued with the Virgin	Islands Government. I estimate my years	s of service to be
Date of Birth	Age	
(mm) (dd)	(уууу)	
What is the purpose of this request?		
For repayment of contributions		
l'm eligible for retirement		
If eligible for retirement, what is your pro	ojected retirement date?	
, , ,		
I HAVE WORKED IN THE FOLLOWING DE	EPARTMENTS: (If you need additional sp	ace kindly attach a separate sheet.)
DEPARTMENT	POSITION TITLE	PERIOD OF SERVICE
Military Time		
Signature of Member	Employee No.	
3	Social Security No	
	Telephone No	
Mailing Address		
ivialing Address		