



ARIZONA STATE RETIREMENT SYSTEM (ASRS)

ENROLLMENT FORM

COMPLETE AND SEND TO: ASRS Numbers Phoenix (602) 240-2000 Tucson (520) 239-3100 Toll-Free (800) 621-3778 TTY (602) 240-5333 www.azasrs.gov Employer's HR Department

PLEASE PRINT OR TYPE - This form must be accompanied by a Beneficiary Form.

Disclosure of your Social Security number is mandated by Section 6109 of the Internal Revenue Code. The ASRS will use Social Security numbers only to obtain information about an individual's ASRS account and to inform the Internal Revenue Service of distributions and withholdings with respect to the individual's account.

Form with fields: Social Security Number, Member Name (Last, First, Middle), Date of Birth, Marital Status, Gender, Home Telephone Number, Business Telephone Number, Fax Number, E-Mail Address, Member Signature, Date.

MAILING ADDRESS Please indicate below where you would like the ASRS information to be sent.

Mailing address form with fields: In Care Of, Address, Suite/Apt Number, Second Address Line, City, State, ZIP Code.

HOME ADDRESS If different from above.

Home address form with fields: In Care Of, Address, Suite/Apt Number, Second Address Line, City, State, ZIP Code.

Employee Information to be Completed by the Employer ONLY

Employer information form with fields: Employer Name, Six-Digit Employer Number, Employee's Position, If School, Is Employee Certified?, Hire Date, Enrollment Date, Is the employee currently working for another ASRS employer?, If so, who?, Employer Signature, Date.

Please retain a copy for the Employee / Employer files.

