

PERSI Verification

Please complete the following questions to enable us to determine your eligibility for benefits under the Public Employees Retirement System of Idaho (PERSI).

Do you currently work for any other State of Idaho agency Yes No

If yes, which Agency? _____

How many hours per week do you work there? _____

Are you currently a member of PERSI? Yes No

If yes, through which agency? _____

Signature

Date