



State of Alabama
STATE EMPLOYEES' INSURANCE BOARD
State Employees' Health Insurance Plan
Joe N. Dickson, Chairman
William L. Ashmore, Chief Executive Officer

RETIREE NAME: _____

RETIREE'S STREET ADDRESS: _____

RETIREE'S CITY, STATE, ZIP: _____

CONTRACT #: _____

RETIREMENT DATE: _____

Dear Retiree:

In 2004, the Alabama legislature enacted legislation that established a sliding scale calculation for retiree health insurance premiums based on years of creditable service, as determined by the Retirement Systems of Alabama (RSA). This legislation was applicable to employees who retire, other than for disability, after September 30, 2005.

Act 2008-280, which passed in 2008 and became effective for retirees on and after August 1, 2008, instructs the State Employees' Insurance Board (SEIB) to exclude from the RSA years of creditable service any time not related to service as a **State** employee, except for the years of creditable service for:

- (1) service in the United States Armed Forces,
- (2) service as an employee as defined in Sections 16-25A-1 and 16-25A-11 (public education employees and employees in the Teachers' Retirement System), or
- (3) service as an employee of a postsecondary institution eligible for Public Education Employees' Health Insurance Plan (PEEHIP) coverage as a retiree.

Since we do not have a complete record for the years of service certified by the RSA, please complete the form on the back of this letter and return it to us within two (2) weeks.

We greatly appreciate your efforts in this matter. If we can be of further service, please contact us at (334) 263-8341 or toll-free at (866) 836-9737.

201 South Union Street, Suite 200 • PO Box 304900
Montgomery, Alabama 36130-4900
334.263.8341 • Fax 334.517.9728
www.alseib.org

RETIREE YEARS OF SERVICE VERIFICATION FORM

Please provide employment information to support any years and months of service certified by the RSA that is **not State service**.

If your State retirement was a disability retirement, please check this box, then sign the bottom of this form and return it to us. No further action is necessary.

If the years of service that was certified by the RSA do not include non-State years of service, except for those exemptions listed below, please check this box, then sign the bottom of this form and return it to us. No further action is necessary.

- Years of services purchased for Military service
- Public education employment and employment under the Teachers' Retirement System
- Postsecondary institution employment eligible for PEEHIP coverage as a retiree

If the years of service that was certified by the RSA include non-State years of service, other than those listed above, then please complete the following and return it to us. This includes employment with counties, cities, towns, public or quasi-public organizations. Please identify each employer separately. Attach additional sheets if necessary. (Do not include the years of service for employment in the above exempt services.)

Employer	Employment start and end dates	Total months
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Employer	Employment start and end dates	Total months
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TOTAL MONTHS OF NON-STATE YEARS OF SERVICE _____

AFFIRMATION AND RELEASE

I hereby affirm that I have completely read and fully understand the terms and conditions of this form. I attest that all representations made by me on this form are true and complete. I understand that any misrepresentations may result in the forfeiture of insurance coverage and that I will be personally liable for all claims related to such misrepresentations, plus interest.

Retiree Signature _____ Contract # _____ Date _____