

STATE BOARD SUPPLEMENTAL RETIREMENT PLAN ELIGIBILITY REVIEW

Participating employers should complete this form for all SBRP Participants at the time of retirement. A copy of this completed form should be retained with the employee's records.

State law authorizes the public higher education institutions, including the State Board, to sponsor a Supplemental Retirement Benefit Plan. The intent of the Plan is to ensure eligible participants receive at least a minimal benefit for their state service. The amount of supplementation, if any, is determined by a calculation that considers average annual salary, years of plan service and assumed benefit from participation in the SBRP. More information on supplementation can be gained through review of the Supplemental Retirement Benefit Plan Document or the Summary Plan Description. Both documents are available on the State Board's website.

To be eligible for a supplemental benefit calculation, the participant must have participated in the SBRP prior to July 1, 2011, must be at least 62 years of age at retirement (or retired for health or disability reasons) and have 10 consecutive years of full-time service in the plan or its equivalent in part-time service calculated consistent with RCW 28B.50.489.

Participant Name	Employee I.D./SSN
Retirement Effective Date	Retirement Plan Participation Date
Age at Retirement (Years/Months)	10 or more Continuous Years of Service (Yes or No)
This SBRP participant meets / does not meet the eligibility criteria for a Supplemental Retirement Benefit calculation (Circle one).	
Retirement Representative for the Employer	Date Signed

^{*} This form is intended for use with retiring SBRP participants. It is a record of the Participating Employer's review of the employee's eligibility for a supplemental benefit calculation. The completed form should be maintained with the former employee's payroll records.