

[Insert name and address of previous retirement system.]

Dear Retirement Plan Administrator:

We hired the individual named below on ***[Insert date of employment subject to retirement coverage]***. We are trying to determine if *he/she* is eligible to elect to retain NAF retirement coverage based on a qualifying move occurring on or after December 28,2001. Please verify whether or not the individual was a covered participant in the NAF defined benefit retirement plan you administer. If the individual was such a participant, please provide the date the individual separated from retirement covered NAF employment. Please return your response to:

[Insert name, address, telephone number, and fax number.]

Thank you.

<i>To be completed by individual's current employing agency</i>	
Employee's Name (Last, First, MI)	Other names used
Date of Birth:	Social Security Number:
Dates of most recent NAF employment:	
Location of most recent NAF employment:	

<i>To be completed by NAF Retirement Plan Administrator</i>	
<input type="checkbox"/> Employee was a participant in the _____ NAF defined benefit retirement plan and separated from retirement-covered employment (as defined by the NAF employer's retirement plan) on _____.	
<input type="checkbox"/> Employee was not a participant in the _____ retirement plan and is therefore not eligible to continue retirement coverage under this plan.	
Signature of certifying official	Date
Certifying official printed name	Title
Address ,telephone number, and fax number	