



Submit completed form to:  
**County Employees' Retirement Fund**  
 2121 Schotthill Woods Drive  
 Jefferson City, MO 65101  
 Toll Free: 877-632-2373  
 Fax: 573-761-4404

The County Clerk completes and signs this form upon a non-vested (worked less than 8 consecutive years) participant's termination of employment, death or CERF eligibility. **The employee IS NOT required to sign this form.**

**PARTICIPANT INFORMATION**

Social Security Number \_\_\_\_\_ - - \_\_\_\_\_ County of Employment \_\_\_\_\_  
 First Name \_\_\_\_\_ Initial \_\_\_\_\_ Last Name \_\_\_\_\_ Suffix \_\_\_\_\_  
 Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Home Phone/Cell (\_\_\_\_) \_\_\_\_\_ Date of Birth \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**EMPLOYMENT INFORMATION**

Original Date of Hire \_\_\_\_ / \_\_\_\_ / \_\_\_\_ CERF Eligibility Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_  LAGERS  Non-LAGERS  
*Note: In some cases the Original Date of Hire precedes the CERF Eligibility Date.*  
 Date of Termination/Ineligibility \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Department \_\_\_\_\_ Position \_\_\_\_\_

**Reason for Termination** (Check appropriate box below)

- Leaving county employment completely.
- Death
- NOT leaving county employment but changing to an ineligible position.  
 New position \_\_\_\_\_
- Leaving county employment but will begin working in another county position within 30 days.  
 Name of county \_\_\_\_\_

**CONTRIBUTION INFORMATION**

Enter the participant's contribution information below.

**PLEASE NOTE:** A **Form 2A: Special Tax Notice** must be completed and submitted in order to process a refund of employee contributions of \$200 or more.

**TOTAL CONTRIBUTIONS** \$ \_\_\_\_\_ (Total contributions should equal sum of contributions listed below.)

**Breakdown Total Contributions Below** (All contribution amounts must be through the date of termination/ineligibility.)

Employee After-Tax Contributions \$ \_\_\_\_\_ (Contributions made from 8/28/94 through 12/31/99.)  
 Employee Pre-Tax Contributions \$ \_\_\_\_\_ (Contributions made from 1/1/00 to date.)  
 County Contributions \$ \_\_\_\_\_ (Contributions made by county on behalf of employee from 1/1/03 to date.)

**REQUIRED SIGNATURE**

I hereby certify that the information with regard to the current and previous employment status for this employee in this county is correct.

**Signature of County Clerk** \_\_\_\_\_ **Date** \_\_\_\_\_