Retiree Identification Request Form

- **This form is to allow retirees to have an account set up in Banner.**

Routing:

Original, to be completed by:
Section 1 – Retiree
Section 2 - Human Resources - Employment

After HR completes, distribute to:
RacerCard Office (copy)
Public Safety (copy)
HR Personnel File (original)

Effective Date: __ __ / __ __ / __ __ __ __ **M#:** __ __ __ __ __ __ __ __

Section 1 – To be completed by Retiree

Name: _____
(First) (Middle) (Last)

Local Address (Street): _____

City:_____ State: _____ Zip Code: _____

Social Security # __ __ __ - __ __ - __ __ __ __ Date of Birth: __ __ / __ __ / __ __ __ __ Telephone #: _____

_____ _____
Signature Date

Section 2 – To be completed by Human Resources

Type of Retiree: (Select One)

	Benefit	☐ *Working at MSU*	☐ *Not Working At MSU*		Benefit	☐ *Working at MSU*	☐ *Not Working At MSU*
1	Athletic Tickets Discount	X	X	10	Recreational Facilities	X	X
2	Bookstore Discount	X	X	11	Retirement	Pd by MSU	
3	Computer Loan	X		12	Social Security**	X	
4	Credit Union	X	X	13	Supplemental 403(b)	X	
5	Direct Deposit	X		14	Tuition Waivers	X	X
6	Email	X	X	15	Wellness Center Access (Pays employee rate)	X	X
7	ID Card (Requires M#)	X	X	16	Winslow Dining Discount	X	X
8	Library Access	X	X	17	Workers Comp	X	
9	Parking Permit	X	Free				

** If international – Contact Payroll

Retired from Department:_____ Retired Date: _____

Input into Banner: Date _____ By: _____

Change name type from LEGL to RTRE