



Emergency Request to Waive Refund Waiting Period

Form 5W – Revised 3/25/2011

Please print or type in black ink. Completed form should be mailed or faxed to PERS. See bottom of form for contact information.

1 Member Information

First Name: _____ MI: _____ Last Name: _____ Gender: M F

Social Security No.: _____ Birth Date mm/dd/ccyy: _____ E-Mail: _____

Mailing Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ Cellular Home Work Phone: _____ Cellular Home Work

2 Reason for Emergency Request – In compliance with PERS Board of Trustees Regulation 44, *Refund of Member Contributions*, a refund may only be issued prior to the close of the mandatory refund waiting period in the case of one of the documented extraordinary and unforeseen emergencies as defined below.

Please check only one of the extraordinary and unforeseen emergency reasons below and attach the required documentation for your waiver request. Living expenses, such as utility bills, moving expenses, and unpaid medical bills, are not considered unforeseen emergencies.

_____ **Repossession** of real or personal property as documented by official notices of such action. Repossession notice must be on property owner's letterhead with contact information included.
 Attach a copy of the notice of repossession of real or personal property.

_____ **Foreclosure or Eviction** from residence as documented by official notice of such action. Foreclosure or eviction notice must be on property owner's letterhead with contact information included.
 Attach a copy of the notice of foreclosure or eviction from residence.

_____ **Loss of personal property due to casualty** not covered by insurance.
 Attach proof of loss and any amount covered by insurance and the amount owed by you and the date due.

_____ **Sudden or unexpected illness or accident** not covered by insurance.
 Attach proof of illness and any amount covered by insurance and the amount owed by you and the date due.

_____ **Sudden or unexpected illness or accident of dependent** not covered by insurance.
 Attach proof of illness and any amount covered by insurance and the amount owed by you and the date due.

_____ **Any extraordinary and unforeseen financial emergency not covered above** arising as a result of events beyond your control.
 Attach a copy of a document or notice that reflects a hardship not covered in the above items.

3 Member Certification

I request an emergency waiver of the waiting period for a refund of accumulated contributions. I certify that the above information is true and correct. I acknowledge that this request must be reviewed and approved by PERS before I may be granted an emergency waiver. I further certify that I have no existing plans with my former employer to return to work following receipt of this refund.

Member's Signature: _____ Date mm/dd/ccyy: _____