

Division of Public Defender Services
Prior State or Municipal Service

Name:

Employee Id:

If you were previously employed with the State of Connecticut or a Municipality where you were enrolled in the MERS retirement system please complete the following information

Agency and Location	Position	Dates of Employment	Retirement Contributions Left in System Y or N	
			YES	NO
			YES	NO
			YES	NO
			YES	NO

No Prior Service:

Print Name

Signature

Date