



Missouri State Employees' Retirement System

PO Box 209 • Jefferson City, MO 65102

Phone: (573) 632-6100 • (800) 827-1063

Fax: (573) 632-6103



TRN

TRANSFER OF EMPLOYMENT

The hiring HR representative should complete this form if the employee is transferring employment within 31 days to a MOSERS covered position. Since the employee's optional life insurance coverage will remain the same, no other form is required to continue coverage (if applicable).

The previous HR representative should complete a Termination of Employment form and submit it to MOSERS (no change in procedure).

NOTE: Employees must complete a New Member Enrollment Packet if they are:

- Returning to state employment more than 31 days after leaving state employment.
Transferring from the Department of Conservation or a state college/university (except Linn Tech and Lincoln University), which are not covered by MOSERS' life insurance plan.

SECTION A - MEMBER INFORMATION

Form with fields for Social Security Number, Name (Last, First, MI), Mailing Address (Street, City, State, Zip Code), Work Phone, Home Phone, and E-Mail Address (optional).

SECTION B - TRANSFER INFORMATION

Termination Date From Previous Agency: / /
Month/Day/Year

Start Date With Hiring Agency: / /
Month/Day/Year

Form with fields for Hiring Agency Department Number, Hiring Agency/Division Number, Organization/Section Number, and Retirement System Type (check one) with checkboxes for REG, LEG, ALJ, TCH, and Judge (JDG) JS1-JS7.

SECTION C - HR REPRESENTATIVE SIGNATURE

I hereby certify that the above information is true and correct in accordance with the records of this department.

Form with fields for Hiring HR Representative E-Mail Address, Phone Number, Hiring HR Representative Signature, and Date.