



Member Statement for History Correction

Print clearly (in ink) or type the requested information, and initial any change you make.

Member Information

Member's Name _____ ATRS ID/SSN _____

Mailing Address _____

City _____ State _____ Zip _____

Mobile Phone (____) _____ Email Address _____

Instructions:

Each question must be completed to the best of your ability. If your response to the questions differs for multiple years in dispute, please answer for each fiscal year. Sign and date this form at the end before returning to the Arkansas Teacher Retirement System.

If you require additional space, please attach a separate sheet, and be sure to include your name and ATRS ID on the top of the additional page.

Fiscal Year(s) in Dispute

Year (July 1 – June 30)	Employer	Salary Reported	Service Reported	Member's Note on Correction Needed
<i>Completed by ATRS</i>				<i>Completed by Member</i>

Employment Questions

What was the name and physical address of the location where you reported for work?

Who was your direct supervisor?

What was your job position/title?

What were your job duties in the position?

Briefly describe a typical work day in this position (include start/end times):

Were you employed as an independent contractor? Yes (1099) No (W-2)

If yes, please provide additional details and documentation regarding the contract agreement, length of contract, method of payment, and services provided to the ATRS employer.

List contact information for any co-workers who may corroborate your employment

Name	Telephone Number	Email Address

Enter any additional information you would like to provide here:

Any person who knowingly makes any false statement or who falsifies or permits to be falsified any record or records in an attempt to defraud the Arkansas Teacher Retirement System ("ATRS") shall be guilty of a Class A misdemeanor and upon conviction shall be punished as provided by law (A.C.A. 24-7-209)

I, the undersigned member of ATRS, hereby affirm that I have answered the above questions honestly and to the best of my ability. I authorize ATRS to disclose any documents that I have provided in support of my dispute and to contact the supervisor(s) and co-worker(s) listed above .

Print Name: _____

Member's Signature: _____ Date: _____