



# ENROLLMENT FORM

COMPLETE AND SEND TO:  
Employer's HR Department

ASRS Numbers  
Phoenix (602) 240-2000  
Tucson (520) 239-3100  
Toll-Free (800) 621-3778  
TTY (602) 240-5333  
www.azasrs.gov

**PLEASE PRINT OR TYPE – This form must be accompanied by a Beneficiary Form.**

Disclosure of your Social Security number is mandated by Section 6109 of the Internal Revenue Code. The ASRS will use Social Security numbers only to obtain information about an individual's ASRS account and to inform the Internal Revenue Service of distributions and withholdings with respect to the individual's account.

Social Security Number	Member Name (Last)	(First)	(Middle)
Date of Birth (MM/DD/YYYY)	Marital Status (Check One) Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/>		Gender (Check One) Male <input type="checkbox"/> Female <input type="checkbox"/>
Home Telephone Number ( )	Business Telephone Number ( )	Fax Number ( )	
E-Mail Address			
Member Signature			Date

**MAILING ADDRESS Please indicate below where you would like the ASRS information to be sent.**

In Care Of (If Needed)		
Address	Suite/Apt Number (If Needed)	
Second Address Line (If Needed)		
City	State	ZIP Code

**HOME ADDRESS If different from above.**

In Care Of (If Needed)		
Address	Suite/Apt Number (If Needed)	
Second Address Line (If Needed)		
City	State	ZIP Code

**Employee Information to be Completed by the Employer ONLY**

Employer Name	Six-Digit Employer Number
Employee's Position	If School, Is Employee Certified? Yes <input type="checkbox"/> No <input type="checkbox"/>
Hire Date (Start Date of Employment)	Enrollment Date (Start Date of ASRS Coverage)
Is the employee currently working for another ASRS employer? Yes <input type="checkbox"/> No <input type="checkbox"/>	If so, who?
Employer Signature	Date

**Please retain a copy for the Employee / Employer files.**

