



**Date:** August 27, 2015  
**To:** All City of Sarasota Pension Plan Participants  
**Subject:** New Verification Procedures in Conjunction with Forms Submitted for the Defined Contribution Pension Plan - 401(a) and the Deferred Compensation Plan - 457(b)

As part of an ongoing effort to improve internal controls in the Pension Plan Administration Division, our office is instituting new verification procedures with regards to forms submitted for the **Defined Contribution Pension Plan - 401(a) and the Deferred Compensation Plan - 457(b)**, effective immediately. All forms processed through our office will now also require an accompanying photocopy of the participant's valid government-issued photo identification (i.e., Driver's License, Passport). While the Pension Plans Administration staff members have become familiar with many of our employees and retirees, it is important that we ensure the positive identification of each of our plans' participants. Regardless of our familiarity with plan members, all employees and retirees will be required to produce valid photo identification.

For your convenience attached is a new form, the Verification of Participant Form, to assist in processing requests and modifications. Effectively immediately, this form shall be completed and submitted to our office, along with the relevant benefits form, and a copy of valid government-issued photo identification. The Verification of Participant Form shall accompany all new enrollment forms, payroll contribution change forms, distribution requests, rollover forms, emergency withdrawal forms, and active loan forms.

In addition, **all forms should be submitted in person by the plan participant** to the Pension Plans Administration Division, 1565 1<sup>st</sup> Street, Room 110, Sarasota, FL 34236, when possible. If unable to appear in person, the following methods of submittal will be accepted along with a copy of valid government-issued photo identification:

- Fax: (941) 954-4183 (please call the Pension Plans Administration Division at (941) 954-2600 to confirm receipt of fax)
- Email: [PensionAdministration@sarasotagov.com](mailto:PensionAdministration@sarasotagov.com)
- Receipt through a certified provider: VALIC, Mass Mutual, and/or ICMA Financial Advisors
- Mail via U.S. Postal Service or other mailing service

To avoid a delay in processing, please ensure that all necessary components are included with form submittals to the Pension Plans Administration Division prior to submission. Copies of the new Verification of Participant Form can be obtained by contacting the Pension Plans Administration Division or by visiting the Pensions website at [www.sarasotagov.com](http://www.sarasotagov.com).

Thank you in advance for your cooperation as we work to strengthen our internal controls. Please do not hesitate to contact Pension Plans Administration staff with any questions at (941) 954-2600.

Pamela M. Nadalini, MBA, CMC  
City Auditor and Clerk

c: City Commission  
Charter Officials  
Pension Boards of Trustees  
Financial Advisor Providers: VALIC, Mass Mutual, ICMA  
Pension Plans Administration Division  
File

Office of the City Auditor and Clerk - Post Office Box 1058 - Sarasota, Florida 34230

Office Number: 941-954-4160 - Fax Number: 941-954-4113

[www.sarasotagov.com](http://www.sarasotagov.com)



# City of Sarasota Pension Plans Administration Division

## Verification of Participant Form:

Defined Contribution Pension Plan - 401(a) and Deferred Compensation Plan - 457(b)

Specify provider:  ICMA       Mass Mutual       VALIC

Employment status:     Active       Terminated       Retired

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: (Home) \_\_\_\_\_ (Cell) \_\_\_\_\_ (Work) \_\_\_\_\_

Email: \_\_\_\_\_

For verification purposes, please attach a copy of a valid government-issued photo identification with this request.

**If you believe your personal information is exempt from disclosure** under Chapter 119, 121, or 395, Florida Statutes, please indicate the specific statutory exemption:

Florida Statutes, Chapter/Section: \_\_\_\_\_

- By my below signature, I certify the information provided on and in connection with this form is true, accurate and complete.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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*For additional copies of this form, please contact the Pension Plans Administration Division or visit the Pensions website at [www.sarasotagov.com](http://www.sarasotagov.com).*

### For Office Use Only

Verified by: \_\_\_\_\_

Date of Verification: \_\_\_\_\_

### *Verification of Participant (minimum of 3 required):*

- SSN
- DOB
- DOH
- Last known address
- Question generated from public records:

Reviewed by Plans Administrator: \_\_\_\_\_

Date: \_\_\_\_\_