

University of Missouri
DATA FORM
FOR RETIRED STAFF
For Data Entry Purposes Only

1. Employee Name (Last, First, Middle)	2. EmplID	3. Social Security Number
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PERSONAL INFORMATION

4. Marital Status	<input type="checkbox"/> Divorced	<input type="checkbox"/> Legally Separated	<input type="checkbox"/> Married	<input type="checkbox"/> Single	<input type="checkbox"/> Widow or Widower
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Home Address (Local Address)

5. Street or P.O. Box Number	City	County	Zip Code	State	6. Home Telephone Number ()	7. Gender <input type="checkbox"/> Female <input type="checkbox"/> Male	8. Date of Birth (MM-DD-YYYY)
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JOB DATA

9. Effective Date	10. Action	11. Reason	12. Business Unit UWIDE	13. Home Dept. (Code) URETIRE	14. Job Code 9998	15. Benefit Status and Empl Class <input type="checkbox"/> Regular <input type="checkbox"/> Full Time <input checked="" type="checkbox"/> Retired <input type="checkbox"/> Temporary <input type="checkbox"/> Part Time	16. Std. Hrs 40.00	17. FTE 1.00	18. Pay Group	
19. Holiday <input checked="" type="checkbox"/> None <input type="checkbox"/> UM	20. EE <input type="checkbox"/> H <input checked="" type="checkbox"/> S	21. Tax Location 010	22. FICA Status <input checked="" type="checkbox"/> E <input type="checkbox"/> N	23. Compensation Frequency/Rate Code <input type="checkbox"/> Hourly/NAHRLY <input checked="" type="checkbox"/> Monthly/NAANNL <input type="checkbox"/> Contract/NAANNL		24. Compensation Rate	25. Comp. Freq. M	26. ABBR		
EMPLOYMENT DATA and BENEFITS	27. Benefit Eligible Date	29. Elig Fld 1 <input type="checkbox"/> N <input type="checkbox"/> Medicare Elig.	Elig Fld 2 <input type="checkbox"/> N <input type="checkbox"/> R1 <input type="checkbox"/> R2 <input type="checkbox"/> R3 <input type="checkbox"/> R9 <input type="checkbox"/> B1 <input type="checkbox"/> B2 <input type="checkbox"/> B3 <input type="checkbox"/> B9				Elig Fld 3 <input type="checkbox"/> N <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> Y			
	28. Benefit Record No. 99	Elig Fld 4 <input type="checkbox"/> N <input type="checkbox"/> Medical <input type="checkbox"/> Dental <input type="checkbox"/> Medical & Dental	Elig Fld 5 <input type="checkbox"/> N <input type="checkbox"/> Humana	30. Benefit Program Effective Date		31. Benefit Program				

JOB EARNINGS DISTRIBUTION

32. Effective Date	33. Business Unit	34. Department	35. Job Code	36. Amount	Account Code		39. Earn Code
					37. MoCode	38. Account	
	UWIDE	URETIRE	9998		U0134	833600	
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RETIREE DATA AND COMMENTS

40. Amount of Survivor Benefit	45. Retirement Eligibility Date	49. Comment Date	50. Comments By
41. Pop-Up	46. Benefit Distribution Code	51. Comments	
42. Guaranteed Period End Date	47. Cola Options		
43. Next Cola Date	48. Pre-Retirement Business Unit		
44. Primary Eligibility Date			
52. Prepared By	53. Date		