



State of Utah  
DEPARTMENT OF NATURAL RESOURCES  
DIVISION OF WATER RIGHTS

Norman H. Bangarter

Governor

Dee C. Hansen

Executive Director

Robert L. Morgan

State Engineer

1636 West North Temple, Suite 220

Salt Lake City, Utah 84116-3156

801-538-7240

February 19, 1992

Mr. Lowell Anderson  
RR #1, Box 9  
Fairview, UT 84629

Dear Lowell:

Re: Retirement

I believe we finally have everything straightened out on your State retirement except for one small item. The Retirement Office still needs an exemption form signed by you for 1989. That was the year you were eligible for two or three months.

I have asked Boyd Strout to fill out the enclosed form for you. Please fill in your date of birth, and sign and date the form where I have indicated with yellow high-lighter. Please return this to Boyd Strout here in our office. He will make sure it gets to the right person so we can get this matter taken care of.

If you have any questions, please give me a call.

Sincerely,

A handwritten signature in cursive script that reads "Lee H. Sim".

Lee H. Sim, P. E.  
Directing Engineer for  
Adjudication/Distribution

LHS:bd



Utah Retirement Systems  
 540 East 200 South  
 Salt Lake City, Utah 84102-2099  
 (801) 228-7700  
 1-800-545-8772

# REQUEST FOR EXEMPTION

## Public Employees' Retirement System (Contributory) Public Employees' Noncontributory Retirement System

- INSTRUCTIONS:**
1. Please type or print clearly in black ball-point pen.
  2. **Employee** - Complete Sections A and B. Complete Section C (optional). Sign where indicated and return to your employer.
  3. **Employer** - Complete Section D and submit both copies of this form to the Retirement Office. The yellow copy will be returned after processing.

Note: Elected officials must file this form for each term in office.

SECTION A - EMPLOYEE INFORMATION			
Name <b>Lowell R. Anderson</b>		Date of Birth /	Soc. Sec. No. <b>528-38-9708</b>
Street Address <b>RR #1, Box 9 Fairview, Utah</b>		City State Zip <b>84629</b>	Daytime Phone No. <b>427-9257</b>
SECTION B - EXEMPT CLASSIFICATION			
<input type="checkbox"/> <b>Exempt Elected/Appointed Official</b> As an Elected/Appointed Official eligible for retirement coverage, I choose to EXEMPT from the Utah Retirement System. I desire to exempt from membership as of <u>for the year 1989</u> .			
Pay Rate \$ _____ per		Beginning Date of Term	Ending Date of Term
<input type="checkbox"/> <b>Exempt Administrative Position</b> As an employee in a position not entitled to merit or civil service protection and designated by my employer* as qualified for exemption, I choose to EXEMPT from the Utah Retirement System. I desire to exempt from membership as of _____.			
<input type="checkbox"/> <b>Exempt Full-Time Student, Spouse of Full-Time Student</b> As a full-time student or the spouse of a full-time student, I choose to EXEMPT from the Utah Retirement System. I agree to notify my employer and the Retirement Office immediately should my status change in any way, making me ineligible for continuing exemption. I desire to exempt from membership as of _____.			
SECTION C - DEFERRED COMPENSATION			
<input type="checkbox"/> I desire to participate in one of the Deferred Compensation programs offered by the Utah Retirement Systems. (A completed contract should accompany this form.)			
<input type="checkbox"/> On my behalf, my employer desires to participate in one of the Deferred Compensation programs offered by the Utah Retirement Systems. (A completed contract should accompany this form.)			
SIGNATURE			
I understand that by exempting, I am not eligible for a refund of contributions, since I have not separated from employment. I further understand I will not accrue service credit towards a defined retirement benefit during the period of exemption			
Employee Signature /			Date /
SECTION D - EMPLOYER INFORMATION			
Unit Name <b>Water Rights</b>	Unit No. <b>6313</b>	Employee Fund <input type="checkbox"/> Contributory <input checked="" type="checkbox"/> Noncontributory	Telephone No. <b>538-7423</b>
Authorized Signature <i>Raymond D. Straut</i>		Date	FAX No.
RETIREMENT OFFICE USE			
<input type="checkbox"/> Approved <input type="checkbox"/> Not Approved		Approved By	Date

\* Must be listed on the employer's Employee Exemption Plan form (MERO-4)