



Ginger McMullin Clerk/Auditor  
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## INDEPENDENT CONTRACTORS URS DISCLOSURE

**Beaver County is a participating employer with Utah Retirement Systems.**

Beaver County Is a participating employer in the Utah Retirement System (URS). In accordance with Utah Code, the county is required to notify URS if a qualified retiree is reemployed. Per URS, this includes work performed on a contract if the retiree is listed as the contractor or an owner, partner, or principal of the contractor.<sup>1</sup>

If you are currently receiving a benefit from URS, you must disclose your post-retirement status so the County can properly report your contract earnings from the County to URS.

Check the box which indicates your current URS retirement status:

- Yes, I currently receive a retirement benefit from the Utah Retirement System
- No, I do not currently receive a retirement benefit from the Utah Retirement System.

**Important:** If you later apply for retirement with any other employer that participates in the URS, you must notify the Beaver County Auditor of this change in status. You are advised to consult with URS regarding any restrictions on contract work with a participating URS employer, and how it may affect your retirement benefit.

By signing below, I certify that the information I have provided on this disclosure is true and accurate. I understand that willfully providing false information will disqualify me from being an independent contractor with Beaver County. Birthdate and social security number are required only for the purpose of verifying post-retirement status with URS.

- (Initial) \_\_\_\_\_ I have read and understand the information provided above concerning benefits provided by URS. I further understand that Beaver County will not be liable for changes of cancelation of my retirement benefits.

**Please provide the following information:**

**Independent Contractor Name (Print):** \_\_\_\_\_

**Birthdate:** \_\_\_\_\_ **(Leave blank if you checked "No.")**

**Social Security Number:** \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ **(Leave blank if you checked "No.")**

**Independent Contractor Signature:** \_\_\_\_\_

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

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