

424 Route 8  
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**§8127 RESUMPTION OF EMPLOYMENT**

I, \_\_\_\_\_, being duly sworn Deposes and Says:

1. I am a disability retiree of the Government of Guam Retirement Fund in accordance with Guam Code Annotated Title 4 Chapter 8 Article 1 §8123.
2. My Social Security Number is: \_\_\_\_\_
3. My contact information is as follows:  
Mailing Address: \_\_\_\_\_ Contact Number(s): \_\_\_\_\_  
\_\_\_\_\_
4. That I  was  was not (check  one) gainfully employed in Calendar Year \_\_\_\_\_.  
**Note: If you were gainfully employed during the aforementioned calendar year, please attach copies of your tax return, and Form W-2 (Wage and Tax Statement) and/or Form 1099-Misc (Miscellaneous Income), for the applicable tax year.**

§8169. Penalties. Any person who knowingly makes any false statement or falsifies or permits to be falsified, any record or records of this system, in any attempt to defraud the system, is guilty of a misdemeanor and shall be punishable therefore under the laws of the government of Guam, and the system shall have the right to recover any payments made under false representations.

Under the laws of perjury, I hereby certify that the information I have provided is true and correct.

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

**Witnessed By Retirement Fund Representative:**

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

**Unless the Affidavit is signed by the Retiree in the presence of a Retirement Fund representative, Notary is required.**

On this \_\_\_\_ day of \_\_\_\_\_, 20\_\_, before me a Notary Public in and for \_\_\_\_\_, \_\_\_\_\_(city, state), personally appeared \_\_\_\_\_ (name), and he/she acknowledged to me that he / she executed the foregoing instrument, as his/her voluntary act and deed for the purposes herein set forth.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal the day and year first above written.

\_\_\_\_\_  
NOTARY PUBLIC

My Commission Expires: \_\_\_\_\_

<SEAL>