VERMONT STATE TEACHERS' RETIREMENT SYSTEM
109 STATE STREET
MONTPELIER, VT 05609

APPLICATION TO PURCHASE SERVICE CREDIT

INSTRUCTION AND GENERAL INFORMATION: Section A is to be completed by the member, Section B is to be completed by former employer, and Section C is to be completed by former retirement system.

SECTION A (TO BE COMPLETED BY THE MEMBER)

Name _____ SS # _____

Address _____

Date of Birth _____ Home Phone #_____ Business Phone #_____

Previous Name(s) _____ Current Employer _____

SECTION B (TO BE COMPLETED BY FORMER EMPLOYER)

Use one line for each year of employment. Do NOT include Leave of Absence.

Name and address of employer	Start Date	End Date	Full Time	Part Time *	Public / Private

* If part time enter FTE percentage or number of full days actually worked.

1. Members Position/assignment for the above employment (teacher, Police, etc.) _____

2. Was the position covered by a Teachers, Municipal Retirement System or Statewide Employer's Retirement System?　　　**Yes** ☐　　　**No** ☐

3. If you answered no to question 2, please provide an explanation _____

_____

I certify that the above information was extracted from official payroll records and/or substantiation documents.

Name of attesting official _____ Title _____

Address _____

Signature _____ Date _____ Phone #_____

SECTION C (TO BE COMPLETED BY FORMER RETIREMENT SYSTEM)

Attention former Retirement System: Please complete the required information below so VSRS can determine the cost for the interested member. Please sign the form and mail it to: VSRS 109 State Street, Montpelier, VT 05609

Member name _____SS# _____

1. Was applicant a member of your Retirement System?   Yes ☐   No ☐

2.   Please enter dates of service (month/year) From _____

3. State the total amount of service credit to the applicants account in your system _____

4. Indicate the last month and year that service credit was credited to applicants account _____

5. Is the applicant currently receiving or entitled to receive a benefit from your retirement system for credit established with your system?   Yes ☐   No ☐

6.   Did the member forfeit the right to all benefits under former retirement system? Yes ☐   No ☐

    Date of refund (month/year) _____ Amount of service credit cancelled by refund _____

I certify that the above information was extracted from official records and/or substantiation documents.

Please print or type

Name of attesting official _____**Title** _____

Signature _____ **Date** _____ **Phone number** _____

Retirement System Name _____ **Fax number** _____

Address _____