

VERMONT STATE EMPLOYEES' 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.**

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

* 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 _____