



Application For Purchase Of Service Credit Out of State Employment

Member to mail completed form to address below

Please print or type clearly and complete with black or blue ink only.

To be eligible to acquire out-of-state service credit, the member must have been an employee in a public/private school accredited by the state in which it is located or a public/private institution of higher learning in a state or territory of the United States. A separate application is required for each out-of-state employer.

MEMBER INFORMATION

Name (First, Middle, Last)			Last 4 digits of SSN XXX-XX-	
Mailing address				
City	State	Zip	Phone	

I hereby request and authorize the release of information requested on this form and any additional information necessary to establish this claim for out-of-state employment.

I have PERA service: yes no



X

Member's signature

Date (mm/dd/yyyy)

i If you purchase allowed service credit and have less than 25 years of service, you may owe the Retiree Health Care Authority (RHCA) payment for the full actuarial value of this additional service. Please contact RHCA at 1-800-233-2576 for further information. **Keep a copy of this application for your records.**

EMPLOYER CERTIFICATION

Name of Public/Private School or Institution			
Mailing address			
City	State	Zip	Phone

Position(s) held: (1)	Start (mm/dd/yyyy)	End (mm/dd/yyyy)	(2)	Start (mm/dd/yyyy)	End (mm/dd/yyyy)
Employment period					

- Was this employment as a graduate assistant or as a substitute? yes no
- Was this school accredited by the State Department of Education or an accrediting agency approved by the state at the time of the member's employment? yes no

Name of administrator of the retirement fund for this service		Mailing address	
City	State	Zip	Phone

On the basis of official records, I certify that the individual identified herein was employed with this public school or institution of higher learning.

X

Signature of authorized official Title Date (mm/dd/yyyy)