

Instructions and application for purchasing

# Out-of-state public school teaching service in the United States or Puerto Rico

## INSTRUCTIONS

If you have rendered prior service as a teacher or administrator in an out-of-state public school or university in the United States or Puerto Rico, you may be eligible to purchase up to ten years of your prior service (no more than five years in Puerto Rico). Please **read** these instructions **carefully** before completing the application.

### Step 1: Determine your eligibility

- 1) **Were you employed as a teacher or administrator in an out-of-state public school, public university, or other public day school under exclusive public control, on at least a half-time basis?** .....  Yes  No  
If "yes," please go to Question 2. If "no," your service is **not** eligible for purchase.
- 2) **Was the school in the United States or Puerto Rico?** .....  Yes  No  
If "yes," please go to Question 3. If "no," your service is **not** eligible for purchase; service rendered in another country is not eligible for purchase. (Exception: Service rendered in a US Department of Defense Overseas Dependent School may be eligible for purchase. Please contact us or visit our website for the form to purchase that service.)
- 3) a) **During your out-of-state service, did your employment contract require you to have the certification, licensure or other qualifications of a teacher in that school in that state?** .....  Yes  No  
If "yes," please go to Question 3b. If "no," please go to Question 4.  
b) **Did you have such certification, licensure or other qualifications?** .....  Yes  No  
If "yes," please go to Question 4. If "no," your service is **not** eligible for purchase.
- 4) **Based on your out-of-state service...**
  - a) **Have you already received a retirement benefit, pension, or other similar payment from the out-of-state retirement system or any other source (excluding Social Security)?** .....  Yes  No  
If "yes," your service is **not** eligible for purchase. If "no," please go to Question 4b.
  - b) **Are you—or will you be—eligible to receive a retirement benefit, pension, or other similar payment from the out-of-state retirement system or any other source (excluding Social Security)?** .....  Yes  No  
If "yes," please go to Question 4c. If "no," you may be eligible to purchase credit for your out-of-state school service; go to Step 2.
  - c) **In order to purchase your out-of-state service, you must not be eligible for a benefit from your former retirement system. Accordingly, in order to purchase this service, and if your out-of-state retirement system allows, do you plan to divest from that system (withdraw or roll over any non-employer-contributed funds to the MTRS to pay for this purchase)?** .....  Yes  No  
If "yes," you may be eligible to purchase this service; go to Step 2.  
If "no," your service is **not** eligible for purchase.

#### MAIN OFFICE

500 Rutherford Avenue, Suite 210  
Charlestown, MA 02129-1628  
Phone 617-679-MTRS (6877)  
Fax 617-679-1661

#### WESTERN REGIONAL OFFICE

One Monarch Place, Suite 510  
Springfield, MA 01144-2048  
Phone 413-784-1711  
Fax 413-784-1707

#### ONLINE

mass.gov/mtrs



MASSACHUSETTS TEACHERS'  
RETIREMENT SYSTEM

## Step 2: Review these Q&A to understand the restrictions and application process

### Are there any requirements or restrictions I should know about?

Yes—if eligible, you may purchase a maximum of ten years of credit for your most recent out-of-state school service (out-of-state service means any service rendered outside of Massachusetts—including nonpublic school service prior to 1973 and overseas United States Department of Defense teaching service), subject to the following restrictions:

- In order to be eligible to apply to purchase out-of-state service, you must be a **member-in-service** of the MTRS.
- A total of **no more than five of the ten years** may be for public school service rendered in Puerto Rico or in an overseas dependent school supervised by the United States Department of Defense.
- You cannot purchase more than a total of ten years of creditable service for all of your out-of-state service **combined**.
- You must document and purchase your **most recent service first**. For example, if you began your public school teaching career in Vermont, and then taught in New Hampshire, and later joined a Massachusetts school district, you must purchase your eligible New Hampshire teaching service before you purchase your eligible Vermont teaching service.
- At the time of your retirement, you must have a **matching year** of Massachusetts membership service as a teacher in the MTRS, Massachusetts State Retirement System or Boston Retirement System. For example, if you wish to purchase three years of out-of-state public school service, three years of Department of Defense service, and four years of Massachusetts nonpublic teaching service, you must have at least ten years of Massachusetts membership service as a teacher in the MTRS, Massachusetts State Retirement System or Boston Retirement System at the time of your retirement.
- Buying your out-of-state service does not allow you to use your out-of-state salary as part of your salary average for retirement benefit calculation purposes, nor does it allow you to change your contribution rate or membership start date.
- Credit may not be purchased for any out-of-state service that was already used in the calculation or payment of a retirement benefit, or that is used in the calculation of a retirement benefit currently being paid or payable in the future under any retirement program (excluding Social Security). In other words, you cannot have credit for the same service with more than one retirement system at one time. Likewise, if you purchase your out-of-state service now, and then later become eligible to receive a retirement benefit from another system based on the service you are purchasing now, you must notify the MTRS.

### How can I determine if it makes financial sense for me to purchase all—or just a portion—of my out-of-state public school service?

Depending on how much creditable service you will have at the time of retirement, purchasing your out-of-state service credit may

or may not make financial sense for you. Please be aware that a retirement allowance can be no higher than 80 percent of your allowable final salary average, and a service purchase, once made, cannot be refunded. So, before you decide to purchase this service, or decide how much to purchase, please consider whether you expect to be at or near the 80 percent maximum at the time of your retirement *without* this purchase.

To compare your retirement benefits both *with* and *without* this service purchase, visit our website at [mass.gov/mtrs](http://mass.gov/mtrs) and use our online estimator.

## Step 3: Apply to purchase this service

If you have read and understand the Q&A in Step 2, and believe that you are eligible to apply to purchase credit for your out-of-state public school service, please:

- 1) **Complete** ALL of Part 1 of the application form, and just Section 1 of Parts 2 and 3.
- 2) For completion of the remainder of:
  - a) **Part 2: Contact the payroll or business office of each of your prior out-of-state public schools in that state** and explain that, for purposes of applying to purchase your out-of-state service credit, you need documentation of your service and salary. Ask an official representative to complete Part 2 and then return it to you. Please note that, if, for any reason, your school official is unable to provide your salary data, we will return Part 2 to you with instructions to request your salary data from your former retirement system, as it may be in their records.
  - b) **Part 3: Contact your former retirement system(s)** and explain that, for purposes of applying to purchase your out-of-state service credit, you need documentation of your prior account, if any. Ask an official representative to complete Part 3 and then return it to you.
- 3) **Make** a copy of your completed application for your records.
- 4) **Submit** your completed **original** application pages to either our main or Western Regional office (addresses on form). Please note that your application will not be accepted unless **ALL** sections are complete; if any required sections are not complete, your form will be returned to you for completion.

After we receive your completed application, we will review it, determine your eligibility to purchase the service, and, if eligible, send you an invoice. Along with your invoice, you will receive information regarding how you may pay for your purchase.

Please note that the type of interest charged on your out-of-state service purchase will be actuarial interest, at the rate in effect at the time of your application. **EXCEPTION:** If you established membership in a Massachusetts public retirement system on or after April 2, 2012, and you had previously been a member of a Massachusetts public retirement system and taken a refund of your account, you will have one year from the date that you re-entered public service to apply and pay for your service purchase at the lower "buyback" rate, at the rate in effect at the time of your application. After your first year of re-entry to membership, you will be subject to actuarial interest.

**IMPORTANT REMINDERS:** From the time that you begin to gather your required documentation to the time that we send you an invoice, the service purchase process can take several months. If you are approaching retirement and you wish to purchase this service, you should be sure to complete and return your application **at least six months before your date of retirement, so please plan ahead**. As a reminder, service cannot be purchased after the effective date of your retirement.

**Have questions or need assistance?** Please don't hesitate to contact our main office at 617-679-6877. We're here to help!



Service credit purchase application

# Out-of-state public school teaching service in the United States or Puerto Rico

## Part 1 of 3: To be completed by applicant

### INSTRUCTIONS TO APPLICANT

If you have rendered prior service as a teacher or administrator in an out-of-state public school or university in the United States or Puerto Rico, you may be eligible to purchase up to ten years (no more than five in Puerto Rico) of your prior service as creditable service toward your MTRS retirement. To apply to purchase your prior service, please:

- 1) **COMPLETE** ALL sections of Part 1, and just Section 1 of Parts 2 and 3.
- 2) For completion of the remainder of:
  - Part 2, **CONTACT** the payroll or business office of each of your prior out-of-state schools in that state, and **ASK** an official representative there to complete Part 2 and **return the form to you.**
  - Part 3, **CONTACT** your former retirement system(s), and **ASK** an official representative there to complete Part 3 and **return the form to you.**
- 3) **REVIEW** Parts 1, 2 and 3 to ensure that all have been **COMPLETED IN FULL** and signed.
- 4) **MAKE** a copy of your completed application for your records.
- 5) **SUBMIT THE ORIGINAL PAGES OF ALL THREE PARTS** of your completed application together, in the same envelope, to either our main or Western Regional office (addresses above). **IF ANY PART IS NOT COMPLETE, OR IF ALL THREE PARTS ARE NOT SUBMITTED TO THE MTRS AT THE SAME TIME, YOUR APPLICATION WILL NOT BE PROCESSED UNTIL IT IS COMPLETE.**

### PART 1, SECTION 1

### APPLICANT DATA

a) Social Security number . . . . . XXX-XX-XXXX

b) MTRS member number, if known. . . . .   Not known

c) Name . . . . .

d) Former/maiden name, if applicable . . . . .   Not applicable

e) Mailing address . . . . . Number and street

City  State  ZIP

f) Phone number . . . . .   Home  Cell  Work

g) E-mail . . . . .

h) Are you currently employed by a Massachusetts school district? . . . . .  No  Yes. If "yes":

Name of current employer . . . . .

Current MTRS employment status . *Check one*  Active  On an authorized leave of absence for not more than one year

**For our processing purposes, please answer the following questions:**

Are you also applying to purchase other service credit? . . . . .  No  Yes

When do you plan to retire? . . . . .  1-6 mos.  7-12 mos.  1-2 years  2+ years

Applicant's name   
 MTRS member number

**PART 1, SECTION 2**

**YOUR PAST  
 OUT-OF-STATE  
 PUBLIC SCHOOL  
 TEACHING  
 SERVICE**

If you wish to purchase out-of-state public teaching service rendered in different states, you must submit a separate application for each state's service. Additionally, you must purchase your most recent eligible out-of-state service first.

Please list **ALL** prior public school teaching service rendered in all other states or Puerto Rico—including service you have already purchased **and** service you are applying to purchase in this form. Please list your service in chronological order, listing your most recent service first.

| Period of service    |                      | Name of former employer<br>(school district) | State                | Position title       |
|----------------------|----------------------|--|----------------------|----------------------|
| From mm/yyyy         | to mm/yyyy           |  |                      |                      |
| <input type="text"/> | <input type="text"/> | <input type="text"/>                         | <input type="text"/> | <input type="text"/> |
| <input type="text"/> | <input type="text"/> | <input type="text"/>                         | <input type="text"/> | <input type="text"/> |
| <input type="text"/> | <input type="text"/> | <input type="text"/>                         | <input type="text"/> | <input type="text"/> |
| <input type="text"/> | <input type="text"/> | <input type="text"/>                         | <input type="text"/> | <input type="text"/> |
| <input type="text"/> | <input type="text"/> | <input type="text"/>                         | <input type="text"/> | <input type="text"/> |

**PART 1, SECTION 3**

**THE OUT-OF-STATE  
 PUBLIC SCHOOL  
 TEACHING  
 SERVICE YOU  
 ARE APPLYING  
 TO PURCHASE**

Please use this form to apply to purchase your service rendered in **ONE** other state or Puerto Rico only. If you wish to purchase additional service rendered in other states, please submit a separate application form for each state.

Name of state in which you rendered service that you are applying to purchase  State or Puerto Rico

For EACH school district at which you rendered service, please complete a through d.  
 Note: We have provided space for two districts (#1 and #2). If you were employed by **more** than two school districts in this state, please attach additional copies of this page and check here . . . . .

**SCHOOL DISTRICT #1**

a) Name of out-of-state school district. . . .

b) Address . . . . . Number and street   
 City  State  ZIP

c) Was any of your service rendered as a substitute?  Yes  No  
 If "yes," indicate type and period . . . . .  
 Day-to-day substitute/on call; from \_\_\_/\_\_\_ to \_\_\_/\_\_\_  
 Long-term contract substitute/regular; from \_\_\_/\_\_\_ to \_\_\_/\_\_\_

d) Please provide your service details below. For Employment status, indicate your percentage of full-time employment (% FT). For example, indicate full-time as "100%," half-time as "50%."

| Period of service             | Position title                             | Employment status      | Did this position require a license or certification?    | If yes... What kind? | Did you hold this license/certification during this period? |
|-------------------------------|--|------------------------|--|----------------------|---|
| From mm/dd/yyyy to mm/dd/yyyy | (e.g., math teacher, vice principal, etc.) | (% FT)                 |  |                      |   |
| <input type="text"/>          | <input type="text"/>                       | <input type="text"/> % | <input type="checkbox"/> No <input type="checkbox"/> Yes | <input type="text"/> | <input type="checkbox"/> No <input type="checkbox"/> Yes    |
| <input type="text"/>          | <input type="text"/>                       | <input type="text"/> % | <input type="checkbox"/> No <input type="checkbox"/> Yes | <input type="text"/> | <input type="checkbox"/> No <input type="checkbox"/> Yes    |
| <input type="text"/>          | <input type="text"/>                       | <input type="text"/> % | <input type="checkbox"/> No <input type="checkbox"/> Yes | <input type="text"/> | <input type="checkbox"/> No <input type="checkbox"/> Yes    |
| <input type="text"/>          | <input type="text"/>                       | <input type="text"/> % | <input type="checkbox"/> No <input type="checkbox"/> Yes | <input type="text"/> | <input type="checkbox"/> No <input type="checkbox"/> Yes    |



**YOU MUST complete this section IN FULL.**

**If your application is incomplete, it cannot be processed.**

Applicant's name

MTRS member number

**PART 1, SECTION 3** (continued)

**THE OUT-OF-STATE  
 PUBLIC SCHOOL  
 TEACHING  
 SERVICE YOU  
 ARE APPLYING  
 TO PURCHASE**

Continued

**SCHOOL DISTRICT #2**

a) Name of out-of-state school district. . . .

b) Address . . . . . Number and street

City  State  ZIP

c) Was any of your service rendered as a substitute?  Yes  No

If "yes," indicate type and period . . . . .  Day-to-day substitute/on call; from \_\_\_/\_\_\_/\_\_\_ to \_\_\_/\_\_\_/\_\_\_

Long-term contract substitute/regular; from \_\_\_/\_\_\_/\_\_\_ to \_\_\_/\_\_\_/\_\_\_

d) Please provide your service details below. For Employment status, indicate your percentage of full-time employment (% FT). For example, indicate full-time as "100%," half-time as "50%."

| Period of service<br>From<br>mm/dd/yyyy | to<br>mm/dd/yyyy     | Position title<br>(e.g., math teacher, vice principal, etc.) | Employment status<br>(% FT) | Did this position<br>require a<br>license or<br>certification? | If yes...<br>What kind? | Did you hold this<br>license/certification<br>during this period? |
|---|----------------------|--|-----------------------------|--|-------------------------|---|
| <input type="text"/>                    | <input type="text"/> | <input type="text"/>   | <input type="text"/> %      | <input type="checkbox"/> No <input type="checkbox"/> Yes       | <input type="text"/>    | <input type="checkbox"/> No <input type="checkbox"/> Yes          |
| <input type="text"/>                    | <input type="text"/> | <input type="text"/>   | <input type="text"/> %      | <input type="checkbox"/> No <input type="checkbox"/> Yes       | <input type="text"/>    | <input type="checkbox"/> No <input type="checkbox"/> Yes          |
| <input type="text"/>                    | <input type="text"/> | <input type="text"/>   | <input type="text"/> %      | <input type="checkbox"/> No <input type="checkbox"/> Yes       | <input type="text"/>    | <input type="checkbox"/> No <input type="checkbox"/> Yes          |
| <input type="text"/>                    | <input type="text"/> | <input type="text"/>   | <input type="text"/> %      | <input type="checkbox"/> No <input type="checkbox"/> Yes       | <input type="text"/>    | <input type="checkbox"/> No <input type="checkbox"/> Yes          |

**PART 1, SECTION 4**

**YOUR OUT-OF-  
 STATE RETIREMENT  
 PLAN(S)**

a) What are the names and types of the retirement plans that you and/or your employers paid into (other than Social Security) during this service [e.g., Defined Benefit, Defined Contribution, 403(b), OBRA]?

b) Have you received, are you receiving, or will you be eligible to receive, a retirement benefit based on the service listed in Section 3? . . . . .  Yes  No

If "no," why not? . . . . .

c) Do you have funds on account in the other retirement plan(s)? . . . . .  Yes  No

If "yes," be advised that you are **not** eligible to purchase this service while you still have funds on account. Accordingly, in order to purchase this service, will you be divesting from that plan by closing your account? . . . . .  Yes  No

**PART 1, SECTION 5**

**APPLICANT  
 STATEMENT  
 AND  
 SIGNATURE**

I, the above-named member of the Massachusetts Teachers' Retirement System, hereby apply to purchase credit for my prior service, subject to my eligibility to do so. I understand that if I wish to purchase this service, I must: apply for this service purchase while I am a member in service (either an active member of the MTRS or an inactive member on an authorized leave of absence for not more than one year); have Part 2 of this application completed by a representative of my prior out-of-state school; have Part 3 of this application completed by a representative of the out-of-state retirement system that had jurisdiction over my prior out-of-state employer; submit Parts 1, 2 and 3 together to the MTRS at the same time; and, pay the total amount due before my date of retirement from the MTRS. Additionally, If I ever become eligible to receive a retirement benefit from another system based on this service, I understand that I must notify the MTRS. I certify under the penalties of perjury that the information I have provided is true and accurate.

Avoid delays—  
 check your answers  
 before submitting  
 your application.

Signature  Date



Please complete Section 1 on Part 2 and Part 3. Forward Part 2 to the payroll official of your prior out-of-state school district and forward Part 3 to the administrator of your prior out-of-state retirement plan. Once the completed Parts 2 and 3 are returned to you, submit this completed application to the MTRS in its entirety.



Service credit purchase application

## Out-of-state public school teaching service in the United States or Puerto Rico

**Part 2 of 3:** Section 1 to be completed by applicant  
Sections 2–4 to be completed by payroll official of out-of-state school district

### PART 2, SECTION 1

#### APPLICANT DATA

**Instructions to applicant:**

Please provide your personal data and then forward these two pages to **the payroll officer of each of the out-of-state school districts at which you rendered service** for completion of Part 2.

The payroll officer will then return these completed pages to you, and you are responsible for forwarding Parts 1, 2 and 3 to the MTRS in order to apply to purchase this service.

a) Name of applicant . . . . .

b) Social Security number . . . . . XXX-XX-XXXX

c) Former/maiden name, if applicable . . . . .   Not applicable

d) Mailing address . . . . . Number and street   
City  State  ZIP

e) Phone number . . . . .   Home  Cell  Work

f) E-mail . . . . .

g) Name of out-of-state public school system . .

h) **Period of service** . . . . . mm/dd/yyyy From  to

#### INSTRUCTIONS TO PAYROLL OFFICIAL OF OUT-OF-STATE SCHOOL DISTRICT

The member of the Massachusetts Teachers' Retirement System named above wishes to apply to purchase credit for his or her service rendered in your public school. At this time, the member and the MTRS respectfully request that you please complete Part 2 of the application, as follows:

- 1) **Verify** that the applicant was employed by your school during the period listed in h, above.
- 2) **Complete** Sections 2 through 4, below, and make a copy of these two pages for your records.
- 3) **Return the originals of these two pages directly to the applicant.** It is then the applicant's responsibility to submit his or her application to the MTRS.

If you have any questions about this form or our retirement system, please contact us at 617-679-6877. Thank you for your assistance to our member and us!

### PART 2, SECTION 2

#### APPLICANT'S RETIREMENT PLAN, IF ANY

Was the applicant eligible to participate in a retirement plan, other than Social Security (e.g., a state retirement plan, or a defined contribution plan to which your school district made employer contributions)? . . . . .  Yes  No

If "yes," please identify the retirement plan(s):

Applicant's name

MTRS member number

**PART 2, SECTION 3**

**APPLICANT'S SERVICE AND SALARY HISTORY**

Please provide **COMPLETE** information, as we must receive **ALL SERVICE AND SALARY** data to process the applicant's request.

Please report the applicant's service and salary history with your district. If additional space is needed, please make a photocopy of this sheet and **be sure to sign each additional sheet.**

- **Period of employment:** List each school year separately (for example, 1986–87 on one line, 1987–88 on another).
- **Employment basis:** For each period, check EITHER Permanent OR Temporary or substitute.
- **Employment status:** Indicate as a percentage of full-time employment (e.g., indicate full-time as "100%," half-time, as "50%").
- **Salary:** For service rendered on a:
  - **Permanent basis,** list the "Annual contract rate" for that employment status (e.g., if the applicant worked on a 50% basis and, the half-time contract rate was \$24,000/year, under Annual contract rate, list \$24,000).
  - **Temporary or substitute basis,** list the daily or hourly "Rate of pay."

|    | Period of employment |                      | Number of days in contract | Number of days paid  | EMPLOYMENT BASIS         |                          | Employment status<br>As a % of full-time | SALARY (Provide EITHER...) |   | Actual gross amount paid |
|----|----------------------|----------------------|----------------------------|----------------------|--------------------------|--------------------------|--|----------------------------|---|--------------------------|
|    | From<br>mm/dd/yyyy   | To<br>mm/dd/yyyy     |                            |                      | Permanent                | Temporary or substitute  |  | Annual contract rate       | Rate of pay<br>(e.g., \$50/day or \$8/hour) |                          |
| a) | <input type="text"/> | <input type="text"/> | <input type="text"/>       | <input type="text"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="text"/> %                   | \$ <input type="text"/>    | \$ <input type="text"/>                     | \$ <input type="text"/>  |
| b) | <input type="text"/> | <input type="text"/> | <input type="text"/>       | <input type="text"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="text"/> %                   | \$ <input type="text"/>    | \$ <input type="text"/>                     | \$ <input type="text"/>  |
| c) | <input type="text"/> | <input type="text"/> | <input type="text"/>       | <input type="text"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="text"/> %                   | \$ <input type="text"/>    | \$ <input type="text"/>                     | \$ <input type="text"/>  |
| d) | <input type="text"/> | <input type="text"/> | <input type="text"/>       | <input type="text"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="text"/> %                   | \$ <input type="text"/>    | \$ <input type="text"/>                     | \$ <input type="text"/>  |
| e) | <input type="text"/> | <input type="text"/> | <input type="text"/>       | <input type="text"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="text"/> %                   | \$ <input type="text"/>    | \$ <input type="text"/>                     | \$ <input type="text"/>  |

For each Period of employment listed in lines a through e, above, please provide the corresponding Position information, below.

| Position title          | Did this position require a license/certification?<br><i>If yes, please specify the issuer (e.g., Dept. of Education)</i> |  | If "yes," during this period, did the applicant hold this license/certification? |                              |
|-------------------------|---|--|--|------------------------------|
|                         | <input type="checkbox"/> No   | <input type="checkbox"/> Yes; specify <input type="text"/> | <input type="checkbox"/> No  | <input type="checkbox"/> Yes |
| a) <input type="text"/> | <input type="checkbox"/> No   | <input type="checkbox"/> Yes; specify <input type="text"/> | <input type="checkbox"/> No  | <input type="checkbox"/> Yes |
| b) <input type="text"/> | <input type="checkbox"/> No   | <input type="checkbox"/> Yes; specify <input type="text"/> | <input type="checkbox"/> No  | <input type="checkbox"/> Yes |
| c) <input type="text"/> | <input type="checkbox"/> No   | <input type="checkbox"/> Yes; specify <input type="text"/> | <input type="checkbox"/> No  | <input type="checkbox"/> Yes |
| d) <input type="text"/> | <input type="checkbox"/> No   | <input type="checkbox"/> Yes; specify <input type="text"/> | <input type="checkbox"/> No  | <input type="checkbox"/> Yes |
| e) <input type="text"/> | <input type="checkbox"/> No   | <input type="checkbox"/> Yes; specify <input type="text"/> | <input type="checkbox"/> No  | <input type="checkbox"/> Yes |

**PART 2, SECTION 4**

**STATEMENT AND SIGNATURE OF SCHOOL DEPARTMENT OFFICIAL**

I certify that the information I have provided above is true and accurate.

Signature of school department official...  Date

Name.....  Phone

Title.....  E-mail

Name of school.....  Website

Address.....



Service credit purchase application

## Out-of-state public school teaching service in the United States or Puerto Rico

**Part 3 of 3:** Section 1 to be completed by applicant  
Sections 2–4 to be completed by official of out-of-state retirement system

### PART 3, SECTION 1

#### APPLICANT DATA AND RELEASE

**Instructions to applicant:**  
Please provide your personal data and then forward these two pages to the official of each of the retirement systems that had jurisdiction over your periods of service for completion of Part 3.

The official will then return these completed pages to you, and you are responsible for forwarding Parts 1, 2 and 3 to the MTRS in order to apply to purchase this service.

a) Name of applicant . . . . .

b) Social Security number . . . . . XXX-XX-XXXX

c) Former/maiden name, if applicable . . . . .   Not applicable

d) Mailing address . . . . . Number and street

City  State  ZIP

e) Phone number . . . . .   Home  Cell  Work

f) E-mail . . . . .

#### APPLICANT'S AUTHORIZATION FOR RELEASE OF INFORMATION

I, the above-named applicant, hereby authorize the release of information concerning my retirement account with your system, if any, to the Massachusetts Teachers' Retirement System.

Signature of applicant . . . . .

Date . . . . .

### PART 3, SECTION 2

#### RETIREMENT SYSTEM CONTACT INFO

If you have any questions about this form or our retirement system, please contact us at 617-679-6877.

Thank you for your assistance to our member and us!

#### INSTRUCTIONS TO OFFICIAL OF OUT-OF-STATE RETIREMENT SYSTEM

The member of the Massachusetts Teachers' Retirement System named above wishes to apply to purchase credit for his or her service rendered under the jurisdiction of your retirement system. At this time, the member and the MTRS respectfully request that you please:

- 1) **Verify** whether the applicant was ever a member of your retirement system.
- 2) **Complete** Sections 2–4, and make a copy of these two pages for your records. Additionally, if the applicant returns to service with your retirement system in the future, please notify us.
- 3) After you have completed these sections, **RETURN THESE TWO PAGES DIRECTLY TO THE APPLICANT—NOT THE MTRS.** It is then the applicant's responsibility to submit his or her application to the MTRS.

Please provide the contact information of the retirement system official completing this form:

Name of retirement system . . .  Website

Your name . . . . .  Phone

Your title . . . . .  E-mail

Office address . . . . .



Applicant's name

MTRS member number

**PART 3, SECTION 3**

**APPLICANT'S HISTORY WITH YOUR SYSTEM**

a) Was the applicant ever a member of your retirement system?  Yes  No; skip to Section 4

If "yes," please provide the information requested below. If additional space is needed, please make a photocopy of this sheet and be sure to **sign** each additional sheet.

| Period(s) of service |                      | Employer             | Type of plan             |                          |                          |                          | Contributions made by...        |                          |
|----------------------|----------------------|----------------------|--------------------------|--------------------------|--------------------------|--------------------------|---------------------------------|--------------------------|
| From<br>mm/dd/yyyy   | To<br>mm/dd/yyyy     |                      | Defined benefit          | Defined contribution     | DB/DC hybrid             | Non-contributory         | Employee<br>(check one or both) | Employer*                |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>        | <input type="checkbox"/> |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>        | <input type="checkbox"/> |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>        | <input type="checkbox"/> |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>        | <input type="checkbox"/> |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>        | <input type="checkbox"/> |

**Total** amount of service credit represented by all periods of service .....  years,  months  
 \* For this purpose, please list Employer "picked up" contributions as Employee contributions.

b) Has the applicant withdrawn his or her account with your system?

- Yes.** Date withdrawn  Amount of withdrawal   
 Source(s) of funds withdrawn (check all that apply)  Employee contributions  Employer contributions
- No.** If the applicant withdraws the account in the future, please indicate the source(s) of the funds (check all that apply):  Employee contributions  Employer contributions

c) Based on the service with your system, is the applicant:

- Currently receiving a benefit? .....  Yes  No
- Entitled to receive a benefit in the future?

**Yes.** When will the applicant be entitled to receive a benefit in the future?

Can the applicant waive his or her right to a future benefit? .....  Yes  No  
 If "yes," has the applicant waived that right? ...  Yes; please attach documentation of waiver  No

**No.** If yours is a **NON-CONTRIBUTORY SYSTEM**, can the applicant waive his or her right to the years of service with your system? .....  Yes  No  
 If "yes," has the applicant waived that right? ...  Yes; please attach documentation of waiver  No

d) While the applicant was a member of your system, did he or she purchase credit for service rendered in any other state or Puerto Rico? .....  Yes  No

If "yes," please list the state(s):

**PART 3, SECTION 4**

**STATEMENT AND SIGNATURE OF RETIREMENT SYSTEM OFFICIAL**

I certify that the information I have provided above is true and accurate.

Signature of retirement official . . .  X

Date

Name . . . . .