

Instructions and application for purchasing

Substitute, temporary or part-time public school service in Massachusetts

INSTRUCTIONS

You may be eligible to purchase credit for your prior service under certain job titles, including but not limited to:

■ Tutor

- Teacher's Aide
- Daily Sub

- Teaching Assistant
- Paraprofessional
- Long-term Sub

Please **read** these instructions **carefully** before completing the application.

Step 1: Determine your eligibility

If "yes," please go to question 2. If "no," you are ineligible to purchase this service at this time; you must be a "member in service" at the time of application in order to be eligible to purchase this creditable service.

If "yes," and:

- you left your funds on account with that system, please call us and let us know. We will review our records to determine if your prior service has already been credited with us; if it has, we will let you know, and if not, we will contact that system and request a transfer of your account.
- you took a refund of your account from that system, you may be eligible to receive credit by "buying back" your refund. To initiate this process, please complete our *Prior refunded service with a Massachusetts contributory retirement system* application.

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!

Form SubTemp-03012018

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

Are there any requirements or restrictions I should know about?

Yes—you may purchase credit for your Massachusetts substitute, temporary or part-time public school teaching or tutoring service, subject to the following restrictions:

- Service rendered as an "independent contractor" is not eligible for purchase.
- All service that is considered "non-membership" service will be credited on a proportional basis. In other words, if you worked in a 40 percent position, you will receive 40 percent credit upon payment for the service. "Non-membership" service is all service that did not require membership in the MTRS.
- Credit for day-to-day substitute service is based on the number of full days worked, divided by 180 (the number of days in a standard school year).
- If the service rendered was on a day-to-day basis after July 1, 2009, and you earned less than \$5,000 annually, then this service may be ineligible for purchase.

How can I determine if it makes financial sense for me to purchase all—or just a portion—of my substitute, temporary or part-time public school service in Massachusetts?

Depending on how much creditable service you will have at the time of retirement, purchasing your Massachusetts substitute, temporary or part-time public school 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 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 substitute, temporary or part-time service, please:

- 1) **Complete** Section 1 of the application form.
- 2) Contact the payroll or business office of your prior Massachusetts public school district and explain that, for purposes of potentially purchasing your prior service credit, you need documentation of your service, and that you would like to have a representative complete a portion of your application. Ask this person to complete Sections 2-4 and then return the form to you.

If you are applying to purchase substitute, temporary or part-time service that you rendered in more than one school district, please be sure to complete separate forms for each school district.

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.

How is the cost of my service purchase calculated?

The cost of purchasing your past service is based on what you would have paid in retirement contributions to the MTRS during the period of your employment—either at the contribution rate that would have been in effect or at your contribution rate, if you were a member of the MTRS prior to rendering your substitute, temporary or part-time service and you left your funds on account with us—plus interest*, at the actuarial interest rate in effect at the time of your application.

FXAMPLE

If you were a long-term substitute teacher from January 2002 to June 2003, a period of 108 days, and you were paid \$10,800, your cost to purchase that period of service would be \$1,188, plus actuarial interest from January 2002 to the date of your purchase.

	Amount paid for service		\$	10,800
Х	Contribution rate of 11%	Х		0.11
	Contributions to MTRS for period		\$	1,188
+	Actuarial interest from January 2002			
	to date of purchase	+		Interest
	Total purchase cost		-	Total cost
CC	NTRIBUTION RATE TABLE			
If y	our service was rendered	Т	he contr	ibution
		r	ate appli	ed is
Bef	ore January 1, 1975		5%	,
Jan	uary 1, 1975 through December 31, 1	978	7%	
Jan	uary 1, 1979 through December 31, 1	983	7% + 29	% on
		earn	ings ove	r \$30,000
Jan	uary 1, 1984 through June 30, 1996		8% + 29	% on
		earn	ings ove	r \$30,000
July	7 1, 1996 through June 30, 2001		9% + 29	% on
		earn	ings ove	r \$30,000
July	/ 1, 2001 or after		11%	

*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" interest 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.



Service credit purchase application

Substitute, temporary or part-time public school service in Massachusetts

SECTION 1

APPLICANT DATA AND SIGNATURE

Instructions to applicant: Please provide your personal data and then forward these three pages to the payroll official of the Massachusetts school district in which you rendered your prior service for completion of Sections 2-4.

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

a) Name of applicant	
b) MTRS member number, if known	☐ Not known
c) Social Security numberXXX-XX-XXXX	
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	Active On an authorized leave of absence for not more than one year
i) MA school district in which past service was rendered	
j) Period of service mm/dd/yyyy	From to
k) Your position title at that time (e.g., teacher)	
prior service, subject to my eligibility to do so. I understar service purchase while I am a member in service (either a authorized leave of absence for not more than one year); from my prior school district, and submit Parts 1 and 2 to	ers' Retirement System, hereby apply to purchase credit for my and that if I wish to purchase this service, I must: apply for this in active member of the MTRS or an inactive member on an have Part 2 of this application completed by a representative gether to the MTRS at the same time; and, pay the total amount of under the penalties of perjury that the information I have
Signature	Date
For our processing purposes, please answer th Are you also applying to purchase substitute, public school service rendered in any other Ma	temporary or part-time
When do you plan to retire?	☐ 1-6 mos. ☐ 7-12 mos. ☐ 1-2 years ☐ 2+ years



Sections 2-4 must be completed by a payroll official of the school district where this service was rendered (named in line i above).

	nent System: Service credit purchase application Applicant's name e public school service in Massachusetts MTRS member number							
SECTION 2								
EMPLOYMENT INFORMATION	a) During any period of the ap temporary or part-time servi contribute to any Massachus contributory retirement system of "yes," please identify the service b) What was the applicant's employment status during this service?	ce, did he o setts em?	r she			Yes No		
SECTION 3				Other				
SERVICE AND	During any periods of the	applicant	's public s	school servic	e		_	
SALARY	a) Was he or she employed or	n at least a h	alf-time bas	sis (50% or ab	ove)?	Yes No		
INFORMATION Complete the	of Elementary and Seconda	ry Education	or the Boa	ard of	□ ·	Yes No		
of Elementary and Secondary Education or the Board of Allied Health Professionals?				Yes No				
have any questions about								
completing this form, please contact the MTRS at 617-679-6877.								
■ If you answered "Yes" to a service information below.	all of the questions above, this ma	y indicate tha	at deduction	ns were omitted	d in error. Please in	dicate the applicable	j	
SERVICE DURING WH Period during which service was rendered	Member's position title	Number	Number of days		RS MEMBERSHI Annual contract rate	P Actual gross amount paid		
From To		contract	paid	% of full-time			_	
				%				
				%				
				%				
				%				
■ If you answered "No" to a a daily or hourly basis, ple	any of the questions above, please ase go to the next page.	indicate serv	ice rendered	d on an annua	l basis below. If ser	vice was rendered o	n	
Period during which service was rendered To	ON AN ANNUAL BASIS Member's position title	Number of days in contract	Number of days paid	Employment Status % of full-time	Annual contract rate	Actual gross amount paid		
				%				
				%				
				%				
				%			No No No No on	

Please use this section to report the applicant's service with your school rendered on a daily or hourly basis. Please list the service in chronological order, beginning with the oldest service and ending with the most recent service. SERVICE RENDERED ON A DAILY OR HOURLY BASIS Member's position title Number of DAYS worked PAURIS worked PAURIS worked Actual gross amount paid PROURS worked PROURS worked PROURS worked PROURS worked Actual gross amount paid PROURS worked	Substitute, temporary or part-timpage 3 of 3	ne public school service in Ma	ssachusetts	MTRS m	nember r	number			
chronological order, beginning with the oldest service and ending with the most recent service. SERVICE RENDERED ON A DAILY OR HOURLY BASIS Member's position title Number of DAYS worked rate Phours worked rate amount paid If necessary, please list additional service on the following page and check this box. SECTION 4 STATEMENT AND SIGNATURE OF SCHOOL DISTRICT PAYROLL OFFICIAL School district	SECTION 3	(continued)							
Month/year in which service was rendered Member's position title PAYS worked rate Daily PAYS worked rate Actual gross amount paid Actual gross a							basis. Pl	ease list the	e service in
SECTION 4 STATEMENT AND SIGNATURE OF Signature of payroll department official SCHOOL DISTRICT PAYROLL OFFICIAL School district School district School district DAYS worked rate HOURS worked rate amount paid amount paid and the provided rate amount paid and the provided rate amount paid and the provided rate amount paid and the part paid and the part paid and the provided above is true and accurate. School district School district Address.									
STATEMENT AND SIGNATURE OF SCHOOL DISTRICT PAYROLL OFFICIAL I certify that the information I have provided above is true and accurate. X / / Date // / Date // / Name (please print). School district	Month/year in which Moservice was rendered	ember's position title			OR	Number of HOURS worked	Hourl d rate		
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STATEMENT AND SIGNATURE OF SCHOOL DISTRICT PAYROLL OFFICIAL Signature of payroll department official Name (please print). School district Address: I certify that the information I have provided above is true and accurate. // / Date // / // // // // // // // //	If necessary, please list addit	ional service on the follow	ing page and che	eck this box					
STATEMENT AND SIGNATURE OF SCHOOL DISTRICT PAYROLL OFFICIAL Signature of payroll department official Name (please print). School district Address: I certify that the information I have provided above is true and accurate. // / Date // / // // // // // // // //									
SIGNATURE OF Signature of payroll department official DISTRICT PAYROLL OFFICIAL School district REMINDER: Please return Address	SECTION 4								
SCHOOL DISTRICT PAYROLL OFFICIAL Title REMINDER: Please return Address	STATEMENT AND	I certify that the informa	ation I have prov	ided above	e is true	and accura	te.		
PAYROLL OFFICIAL Title School district REMINDER: Please return	SIGNATURE OF SCHOOL		Χ				Date	,	/ /
OFFICIAL Title School district REMINDER: Please return	DISTRICT	Name (please print).							
REMINDER: Please return	OFFICIAL	Title							
Address		School district							
	REMINDER: Please return these three ORIGINAL pages	Address							
directly to the applicant, City MA Zip	directly to the applicant,							MA	0
not the MTRS. Thank you! Phone	not the MTRS. Thank you!								
Fax									
	Form SubTemp-03012018								

Massachusetts Teachers' Retirement System: Service credit purchase application

Applicant's name

Massachusetts Teachers' Retirement System: Service credit purchase application	Applicant's name	
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Substitute, temporary or part-time public school service in Massachusetts		
Section 3, Supplemental sheet for use as needed	MTRS member number	
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SERVICE AND SALARY INFORMATION (continued, if necessary)

onth/year in which rvice was rendered	Member's position title	Number of DAYS worked	Daily rate	OR	Number of HOURS worked	Hourly rate	Actual gross amount paid
]			
]			
]			
]			
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