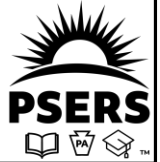


5 N 5th Street
Harrisburg PA 17101-1905
Toll-free: 1.888.773.7748
www.psers.pa.gov
Fax: 717.772.3860
PSRS-3505 (07/2019)

Guidelines For Completing Your Purchase of Out-of-State Service



If you receive or will be eligible to receive a retirement benefit from any other private or public pension fund based on your out-of-state service, you may not purchase retirement credit for your out-of-state service with the Pennsylvania Public School Employees' Retirement System (PSERS).

What is Out-of-State Service?

Out-of-state service is defined as service rendered in a public school in another state or possession of the United States where at least one year of service credit was rendered.

Your purchase of retirement credit for out-of-state service may not exceed your years of credited Pennsylvania school/state service. To be eligible, you must have at least one full year of Pennsylvania school service following your out-of-state service. Credit may be purchased on a year-by-year basis as you accumulate Pennsylvania school/state service. You may purchase a maximum of 12 years of out-of-state service or 12 years of government service or any combination of the two. **The total out-of-state and government service purchased may not exceed 12 years.**

Who May Be Eligible?

- Active contributing members of the Public School Employees' Retirement System (PSERS).
- Multiple service members who are active members of the State Employees' Retirement System (SERS).
- Members who, if they were eligible to receive a retirement benefit from any other private or public pension fund based on their out-of-state service, have withdrawn their contributions and interest and closed the out-of-state account. Members who participated in a non-contributory system, cannot be eligible to receive a retirement benefit.

How Do I Apply?

Have the employer and retirement system, where you rendered the out-of-state service, complete their portion of a *Purchase of Out-of-State Service*. **If your out-of-state service was with more than one employer, have each employer complete a separate application. It is important that you provide the employer with these instructions for accurate completion.**

How is The Cost Calculated?

Your membership class determines how the cost is calculated.

Class T-C and Class T-D members: The cost reflects your first full school year salary in Pennsylvania following your out-of-state service, multiplied by a combination of both the member and employer contribution rates multiplied by years of service plus statutory interest. This interest is compounded annually from the date you became a member or returned to active school/state membership to the date your application is received at PSERS.

Class T-E and Class T-F members: The cost reflects the present value of the full actuarial cost of the increase in the projected superannuation annuity caused by the purchased service. In other words, the cost equals the projected value this purchase would add to your retirement upon superannuation, discounted by today's dollars.

Who is Responsible For Payment?

You are responsible for both the member's share and the employer's share.

What If I Need Assistance?

You can contact PSERS between the hours of 8:00 a.m. and 5:00 p.m. by calling the toll-free number, 1.888.773.7748 (1.888.PSERS4U). If you are a Harrisburg local resident, please use 717.787.8540.

Where Should My Completed Application Be Sent?

- Send To:** PSERS
5 N 5th Street
Harrisburg, PA 17101-1905

What Will PSERS Do If I Am Eligible?

Statement of Amount Due will be sent providing you with the cost and payment options available.

A - Member Information

Information in this section was provided to PSERS through your employer. Contact your current employer directly if any information appears incorrect.

If you are currently an active member of SERS, contact PSERS immediately if any information appears incorrect.

B - Member Certification

Your signature and the date you signed this form are required. By signing this form, you are requesting the cost to purchase former full-time or part-time uncredited service. You are certifying that you are ineligible now and in the future to receive an annuity from any other private or public pension fund based on your out-of-state service. You are also certifying that if you were eligible to receive a retirement benefit from any other private or public pension fund based on your out-of-state service, you withdrew your contributions and interest and closed the out-of-state account. If you participated in a non-contributory system, you cannot be eligible to receive a retirement benefit.

After you have completed Section B, "Member Certification," please forward this form to your previous employer where you rendered your out-of-state service for completion of Section C, "Employment Information," and Section D, "Employer Certification."

C - Employment Information

The employer where the member rendered the out-of-state service must complete this section. **Be sure to review these instructions for accurate completion.**

Each school year (July 1 - June 30) must be listed separately.

Employer Name. Enter the employer name where the out-of-state service was rendered for each period of service requested.

Terms of Service During Each School Year. In the "From" column, enter the beginning school year for each period of service requested. In the "To" column, enter the ending school year for each period of service requested.

Full-Time Service. Complete this information if the applicant worked full time in the school year for each period of service requested. In the "Number of Months Served" column, enter the total number of months worked for each period of service requested. In the "Length of School Year" column, enter how many months equals a full school year.

Part-Time Service. Complete this information if the applicant worked part-time in the school year for each period of service requested. In the "Days" column, enter the number of days (if applicable) the applicant rendered for each period of service requested. In the "Hours" column, enter the number of hours (if applicable) the applicant rendered for each period of service requested.

D - Employer Certification

The signature of the employer where the member rendered the out-of-state service and the date this form was signed are required. By signing this form, the employer is certifying that all information provided in Section C, "Employment Information," is correct.

After Section C, "Employment Information," and Section D, "Employer Certification," is completed, please forward this form to the State Teacher's Retirement System or, if known, to the appropriate retirement system in which the member participated.

E - Retirement Information

Pennsylvania law does not permit the purchase of out-of-state service credit by members who are receiving a retirement benefit from another state - or - who have vested rights to a benefit to be paid at some date in the future. Please answer the questions in section E indicating the member's eligibility for a retirement benefit from your system. Section E must be completed by both contributory plans and non-contributory or optional plans.

F - Contributory Plan

Complete Section F if the member was part of a contributory plan. Once Section F is completed, move on to complete Section H, "Retirement System Certification."

If the member was not part of your contributory plan, return the form to the applicant so they may forward to the appropriate plan. Do not complete Section H, "Retirement System Certification," if the applicant **was not** part of your contributory plan.

G - Non-Contributory Plan or Optional Plan

Complete Section G if the member was part of a non-contributory or optional plan. Once Section G is completed, move on to complete Section H, "Retirement System Certification."

H - Retirement System Certification

An authorized signature from the out-of-state retirement system and the date this form was signed are required. By signing this form, the out-of-state retirement system is certifying that the member named has withdrawn all contributions and interest and is ineligible now and in the future to receive a retirement benefit based on their out-of-state service.

After Section H, "Retirement System Certification," is completed, please return this form to PSERS, 5 N 5th Street, Harrisburg, PA 17101-1905.

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Purchase of Out-of-State Service



Mail Center

A - Member Information

| | |
|-------------------------------|--|
| Member Name | |
| Social Security Number | |
| Gender | |
| Date of Birth | |

| | |
|---|--|
| Former Last Name (only if used in this System) | |
|---|--|

| | | |
|-------------------------------------|--|---|
| Member Address | | <input type="checkbox"/> Check here if new address |
| Apt# or Suite | | |
| Mailing Address | | |
| City | | |
| State & Zip Code | | |
| Daytime Phone | | |
| Evening Phone | | |
| Email Address (Optional) | | |

B - Member Certification

After completing this section, please forward this form to your previous employer where you rendered your out-of-state service. Any restrictions that apply to this purchase will be noted on your *Member Statement of Amount Due*. Please read your statement carefully.

- I request the cost to purchase service credit for out-of-state service.
- I certify that I am ineligible now and in the future to receive an annuity from any other private or public pension fund based on my out-of-state service. If I was eligible to receive a retirement benefit from any other private or public pension fund based on my out-of-state service, I have withdrawn my contributions and interest and closed my out-of-state account. If I participated in a non-contributory system, I am ineligible to receive a retirement benefit.
- I certify that all statements made on this application are true and correct. Any falsification of this certification may subject you to contempt of court or to criminal liability under 18 Pa. C.S.A. Section 4904 (Unsworn Falsifications to Authorities).

| | |
|-------------------------|--------------------|
| Member Signature | Date Signed |
|-------------------------|--------------------|

C - Employment Information

Information On File

Your employer where you rendered the out-of-state service must complete this section. It is important that you provide the employer with the attached instructions for accurate completion. **Each school year (July 1 - June 30) must be listed separately.**

| | |
|----------------------|-------------------------|
| Employer Name | Employer Address |
| | |

| Term of Service During Each School Year (school year runs from July 1 to June 30) | | | | | | Full-Time Service | | Part-Time Service | |
|--|-----|------|-----------|-----|------|----------------------------|-----------------------------------|--------------------------|-------|
| From | | | To | | | Number of Months Served | Length of School Year (Months) | Days | Hours |
| Month | Day | Year | Month | Day | Year | | | | |
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D - Employer Certification

After completing this section, please forward this form to the State Teacher’s Retirement System or, if known, to the appropriate retirement system in which the member participated.

I certify that the information provided under Section C, “Employment Information,” is accurate.

| | | | |
|-----------------------------|-----------------|-------------------------|---------------------------------|
| Authorized Signature | Position | Date Signed | Phone Number () |
| Employer Name | | Employer Address | |
| | | | |

E - Retirement Information

The person named on the front of this form is an active member of the Pennsylvania Public School Employees' Retirement System and wishes to establish credit for his or her out-of-state service as reported in Section C of this form. Pennsylvania law does not permit the purchase of out-of-state service credit by members who are receiving a retirement benefit from another state - OR - who have vested rights to a benefit to be paid at some date in the future. Therefore, to assist us in helping this member establish this out-of-state service, please answer the questions below which indicate his or her eligibility for retirement benefit from your system. Your assistance is greatly appreciated.

1. Type of Retirement Plan
- | | |
|---|--|
| <input type="checkbox"/> Contributory | <input type="checkbox"/> Teachers Plan |
| <input type="checkbox"/> Non-Contributory | <input type="checkbox"/> Employees Plan |
| | <input type="checkbox"/> Employer Contributions Only |
| | <input type="checkbox"/> Other |
2. Do the years of service claimed on page 2 accurately reflect the service credit in your plan? Yes No
Amount of service credit given: _____ Years _____ Months

If the applicant was a member of a contributory plan, continue to questions 3 through 4. If the applicant was a member of a non-contributory or optional plan, return the form to the applicant so they may forward it to the appropriate plan.

F - Contributory Plan

3. Has the applicant's contributions and/or interest been withdrawn? Withdrawn Not Withdrawn
Which funds have been withdrawn? Members Only Employers Only Both
4. Did the service in your plan entitle the applicant to vest? Yes No
- a. If vested, is the applicant eligible for a retirement benefit? Yes No
- b. If vested, did the member waive his or her right to a retirement benefit? Yes No

Continue to and complete Section H. Return this completed form to the Public School Employees' Retirement System, 5 N 5th Street, Harrisburg, PA 17101-1905.

G - Non-Contributory Plan or Optional Plan

5. Did the service in your plan entitle the applicant to vest? Yes No
- a. If vested, is the applicant eligible for a retirement benefit? Yes No
- b. Has the applicant received any benefit payments from your plan? Yes No
- c. If vested, did the member waive his or her right to a retirement benefit? Yes No

Continue to and complete Section H. Return this completed form to the Public School Employees' Retirement System, 5 N 5th Street, Harrisburg, PA 17101-1905.

H - Retirement System Certification

I certify that the information provided under Section E, "Retirement Information," Section F, "Contributory Plan," and Section G, "Non-Contributory Plan or Optional Plan," is accurate.

| | | | |
|------------------------|---------------------------|----------|---------------------|
| Authorized Signature | Name | Position | Phone Number () |
| Retirement System Name | Retirement System Address | | Date Signed |