

5 N 5th Street
Harrisburg PA 17101-1905
Toll-free: 1.888.773.7748
www.psers.pa.gov
Fax: 717.772.3860
PSRS-696 (07/2019)

Guidelines For Completing Your Application to Return Withdrawn Contributions



This form should only be completed by members whose contributions were refunded by the Public School Employees' Retirement System (PSERS).

What is a Return of Withdrawn Contributions?

A return of refund is defined as restoring service credit by repaying previously withdrawn contributions plus interest to PSERS.

Who May Be Eligible?

- Active contributing members of the Public School Employees' Retirement System (PSERS) **or**
- Multiple service members who are active members of the State Employees' Retirement System (SERS).

How Do I Apply?

Complete an *Application to Return Withdrawn Contributions* form. Applications can also be printed from the Web address: www.psers.state.pa.us.

How is the Cost Calculated?

The cost reflects your previously withdrawn contributions plus statutory interest. This interest is compounded annually from the date you returned to active school/state employment to the date your application is received at PSERS.

If you were a joint coverage member at the time of your refund, the cost will also include the amount due to convert your membership to dual coverage.

Who is Responsible for Payment?

You are responsible for the member's share only.

What if I Need Assistance?

Call our toll-free number, 1.888.773.7748 (1.888.PSERS4U) between the hours of 8:00 a.m. and 5:00 p.m. to speak with a service representative. Harrisburg local callers may call 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?

A *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 restore service credit for formerly refunded service. You are also certifying that you have not obtained credit for your refunded service in any other retirement system.


C**Employment Information**

Provide the following information for each period of time you refunded your contributions and interest.

Former Employer. Enter the name of your former employer for each period of time you refunded your contributions and interest.

Period of Former Employment. Enter the period of former employment with each employer.

Former Name. If your employment records were listed under a different name, enter your former name (first name, middle initial, last name).

5 N 5th Street Harrisburg PA 17101-1905 Toll-free: 1.888.773.7748 www.psers.pa.gov Fax: 717.772.3860 PSRS- 696 (07/2019)	<h2 style="margin: 0;">Application to Return Withdrawn Contributions</h2> <p style="margin: 0;">(Return of Refund)</p>		Mail Center
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A	Member Information
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Member Name	
Social Security Number	
Gender	
Date of Birth	

Former Last Name (only if used in this System)	
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Member Address	
Apt# or Suite	
Mailing Address	
City	
State & Zip Code	
Daytime Phone	
Evening Phone	
Email Address (Optional)	

B	Member Certification
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Any restrictions that apply to this purchase will be noted on your *Statement of Amount Due*. Please read your statement carefully.

I request the cost to restore service credit for formerly refunded service. I certify that I have not obtained credit for this service in any other retirement system.

Member Signature	Date Signed

C	Employment Information
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Provide the following information for each period of time you refunded your contributions and interest:

Former Employer	Period of Former Employment (From/To)	Former Name