



PLEASE COMPLETE AND RETURN THIS TWO PAGE FORM TO THE BOARD'S MAIN OFFICE (ADDRESS BELOW)

SECTION A: To be completed by **Member:**

Name: _____ **Former Name if Applicable:** _____

Street Address: _____

City: _____ **State:** _____ **Zip:** _____

Home Phone: _____ **Work Phone:** _____

Personal Email Address: _____ **Work Email Address:** _____

Provide the Last Four Digits of Your SSN, or MSRB ID, or HRCMS ID: _____

CONTRACT SERVICE CRITERIA:

- a. Are you a member in service of State Employees' Retirement System and do you have at least ten (10) years of creditable service on file with the state?
 Yes No
- b. Does the contract service you are looking to purchase immediately precede membership in or re-entry into the State Retirement System?
 Yes No
- c. Please report the name of the State Agency that employed you for the contract service you are looking to purchase:

 (Name of State Agency)
- d. Please report the approximate dates of the contract service you are looking to purchase:
 _____ to _____

THIS SECTION BOARD USE ONLY

STATEMENT AND SIGNATURE BY MEMBER:

I, the undersigned, certify under the penalties of perjury, that the above information is true and correct. I also understand that once I receive notification from the Board that I am eligible to purchase contract service, I must either make a lump sum payment or enter into an installment agreement within 180 days after the notice. If I fail to do so, I am forfeiting my right to purchase this service and will not be rebilled at any time in the future.

Sign Here: **X** *Original Signature Required** _____
 Member Signature Date

**A computer generated or other non-original signature is not acceptable.*

SECTION B: To be completed by **State Agency** that employed Member for Contract Service:

The member of the State Board of Retirement named in Section A has applied to purchase credit for contract service rendered in your agency. Please complete Sections 1–3 (below) and return the form to our member.

Agency Name: _____

Agency Address: _____

Name of Person Completing This Form: _____

Telephone Number: _____

Email Address: _____

MEMBER EMPLOYMENT HISTORY:

a. Did the contract service being purchased immediately precede membership in or re-entry into the State Employees’ Retirement System? Yes No

b. Was the job description of the member in the position compensated from contract funds substantially similar to the job description the member held upon entry into the State Employees’ Retirement System? Yes No

c. Please provide job titles for the contract service position and position as employee (Please attach any relevant documentation):

_____ (Title as Contracted Employee) _____ (Title as Benefited Employee)

d. Please specify the type of subsidiary account from which the contract services were paid:

_____ (Type of Subsidiary Account)

e. Were the contract services provided through a vendor or temporary staffing agency? Yes No

f. Please report service rendered in your agency as a contract employee. For every salary change during the period specified below, there should be a new date range entry and annual salary entry. Each salary date range should be exact to the day. If service was part-time, please indicate percentage of full-time employment:

Period of Employment		Months of Service	Full-time	Part-time %	Annual Salary Rate
From	To				

STATEMENT AND SIGNATURE BY AGENCY OFFICIAL:

I hereby certify the above information to be true and correct.

_____ Agency Signature

_____ Date

_____ Printed Name

_____ Title