



PLEASE COMPLETE AND RETURN FORM TO MAIN OFFICE (ADDRESS BELOW)

PLEASE COMPLETE THIS FORM TO PURCHASE SERVICE (PLEASE PRINT)

MEMBER INFORMATION:

| | |
|---|--|
| Full Name | Provide the Last Four Digits of Your SSN, or MSRB ID, or HRCMS ID. |
| If You Worked Under Another Name, Please Advise | Retirement Date, if Applicable |
| Home Address (Number and Street and/or P.O. Box Number) | |
| City or Town, State and Zip Code | |
| Agency Where You are <u>Currently</u> Employed | Start Date |
| Work Telephone Number | Personal Telephone Number (Home or Cell) |
| Work E-Mail Address | Personal E-Mail Address |

SERVICE YOU WISH TO PURCHASE:

| Agency Where Employed | Dates of Service: | Was This Service Refunded? |
|-----------------------|----------------------------|--|
| | ___/___/___ to ___/___/___ | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | ___/___/___ to ___/___/___ | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | ___/___/___ to ___/___/___ | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | ___/___/___ to ___/___/___ | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | ___/___/___ to ___/___/___ | <input type="checkbox"/> Yes <input type="checkbox"/> No |

TWO-YEAR RULE

Please note, if you are purchasing creditable service you previously withdrew and refunded, or you rolled over the funds to another retirement plan, you may be required to satisfy certain service requirements before you can be eligible for particular retirement benefits. If the above applies to you, and unless you meet one of the applicable exceptions, you would not be eligible to receive a retirement allowance until you have been in active membership service for at least two consecutive years following the start of your new employment with the Commonwealth. We recommend you contact the Board to determine if this applies to you and to review the applicable exceptions.

I understand that the State Retirement Board will review this request to determine whether the above service may be purchased pursuant to M.G.L. c. 32 and applicable Board rules and policy.

X *Original Signature Required*

Member Signature _____ Date _____

Main Office: One Winter Street, 8th Floor, Boston, MA 02108 Phone: 617-367-7770 Toll Free (within MA): 1-800-392-6014
Regional Office: 436 Dwight Street, Room 109A, Springfield, MA 01103 Phone: 413-730-6135
mass.gov/retirement