

Application to Correct Service

Please print. • See reverse side for instructions.

SECTION A - MEMBER INFO	DRMATION					
Social Security Number or Member ID			Date of Birth			
Name (last/first/middle)			-			
Address (street, city, state, zip)						
Primary Phone			Alternate Phone			
☐ Cell	☐ Home	☐ Work		☐ Cell	☐ Home	☐ Work
Email Address						
SECTION B - PREVIOUS SEI	RVICE AND SAL	ARY INFORMAT	ION			
Requesting department/agency info	rmation					
Agency Name Dep		artment #	Agency #	Org. #		
Date(s) of Service to Correct						
Start Date/	/		End Date	/	/	
Start Date/	/		End Date		/	
The monthly salary (including overtinattached if additional space is neede		tial pay) for the date(s) of service listed	above must be provid	ed. A separate shee	et of paper may be
Month/Year Gross Pa		ss Pay	Month/Year		Gross Pay	
	\$				\$	
	\$				\$	
\$ \$ \$					\$	
					\$	
					\$	
	\$				\$	
SECTION C - CERTIFICATIO	N AND SIGNATU	JRE OF AUTHOF	RIZED REPRES	SENTATIVE		
Authorized Representative Na						
Email Address						
Phone Number			Fax Number			
I certify that the employee listed abo 1,500 hours if prior to October 1984) due for the period of service describ), and the position wa	as benefit eligible. I u	g at least 1,040 ho			
Signature				Date		

Instructions for Completing

Application to Correct Service

The Application to Correct Service is required to correct service credit records of an employee who, for whatever reason, did not receive credit at the time of service. The human resource personnel of the department or agency that employed the member for the date(s) in question must complete this application. Before the service can be added to the member's record, the department or agency must agree to pay MOSERS any necessary contributions for the period of service. To qualify for service credit, the employee must have been:

- Employed in a position that normally required at least 1,040 hours of work per year (1,000 hours prior to August 2007; 1,500 hours prior to October 1984) and, therefore, was eligible for benefits.
- Misclassified at the time of hire.

This application must be signed by an authorized representaive for the department/agency, dated, and delivered to MOSERS. Steps for completing this form are outlined below.

- 1. Provide the requested information for the member in Section A.
- 2. Provide the member's previous service and salary information including dates of service to correct and monthly salary in Section B.
 - Provide information for department/agency requesting service correction.
- 3. Certification and signature of authorized representative is required in Section C.
 - Provide information and signature of authorized representative requesting service correction.
- 4. Return completed form to MOSERS.
 - You may email scanned forms to forms@mosers.org or fax to (573) 632-6103.
 - Be sure to make a copy for the member's personal file before sending the application to MOSERS.