



# Application to Purchase Other Missouri Public Service

Please print. • See bottom of page for instructions.

## SECTION A - PERSONAL INFORMATION (MEMBER)

<b>Social Security Number or Member ID</b>	<b>Date of Birth</b>	
<b>Name</b> (last/first/middle)		
<b>Mailing Address</b> (PO or street/city/state/zip)		
<b>Primary Phone</b> _____	<b>Alternate Phone</b> _____	<b>Alternate Phone</b> _____
<input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work	<input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work	<input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work
<b>Email Address</b>		

## SECTION B - PRIOR SERVICE INFORMATION

1. Was your prior service covered by a defined benefit retirement plan?       **Yes** (mail application to previous plan)       **No** (mail application to previous employer)
2. Was this elected county official service?       **Yes**       **No**

Enter the name and address of your previous retirement system or employer(s) and the corresponding dates you worked.

Name of Previous Retirement System or Employer (list employer if service is <b>not</b> covered by a retirement plan)	Employment Date(s) Start Date	Employment Date(s) End Date

## SECTION C - APPLICANT SIGNATURE

<b>Signature</b>	<b>Date</b>
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**SEND THIS APPLICATION TO THE RETIREMENT PLAN(S) LISTED IN SECTION B.  
 IF YOU WERE NOT A MEMBER OF A RETIREMENT PLAN, SEND THIS APPLICATION TO YOUR PREVIOUS EMPLOYER(S).**

### Member Instructions for completing the Application to Purchase Other Public Service

The *Application to Purchase Other Missouri Public Service* is to be completed by you and the previous retirement system from which you wish to purchase prior creditable service. If the service was not covered by a retirement system, please have your previous employer complete. This application must be signed by you and verified by an authorized representative for the retirement system/employer, dated, and delivered to MOSERS. Steps for completing this form are outlined below.

#### Member Instructions

1. Enter your personal information in Section A.
2. Provide prior service credit information in Section B.
  - Enter the name and address of your previous retirement system or employer(s) and the corresponding dates you worked.
3. Sign and date Section C.
4. Send the application to the retirement plan you were a member of during the listed dates. If you were not a member of a retirement plan, send the application to your previous employer(s).

**Benefit Eligible** - A permanent position that normally required the performance by the employee of duties during not less than 1,040 hours per calendar year; 1,500 hours per calendar year prior to October 1, 1984; 1,000 hours per calendar year between October 1, 1984 and August 27, 2007.

**SECTION D - EMPLOYER INFORMATION**

**Retirement Plan/Employer Name**

**Mailing Address** (PO or street/city/state/zip)

**Email Address**

**Phone Number**

**SECTION E - VERIFICATION OF SERVICE**

I certify that \_\_\_\_\_ rendered the following credit in this system.

1. Did the employee work full-time?  Yes  No
  2. Was the employee ever vested in a defined benefit retirement plan?  Yes  No
  3. Is this a contributory plan?  Yes  No
    - If **no**, did or will the member receive any lump sum payment, or other retirement benefit based on **employer contributions**?  Yes  No
    - If **yes**, did the employee receive a refund of **employee contributions**?  Yes  No
      - If **no**, amount of contributions left in the system \$ \_\_\_\_\_
    - If **yes**, did or will the member receive any lump sum payment, or other retirement benefit based on **employer contributions**?  Yes  No
- As of today, what is your actuarial liability for the below service credit? \$ \_\_\_\_\_

Enter the employee's start date(s) and end date(s) (month/day/year) for all full-time public employment. Please note any period of service when the employee was on leave without pay. If no records exist from which a certification can be made, please indicate this on the application before returning it to MOSERS.

	Period of Service	Period of Service	Period of Service	Period of Service
Service Credit <b>Start</b> Date (Month/Day/Year)				
Service Credit <b>End</b> Date (Month/Day/Year)				
Leave - No Pay <b>Start</b> Date (Month/Day/Year)				
Leave - No Pay <b>End</b> Date (Month/Day/Year)				
Years/Months of Credit Acquired				
Credit Forfeited	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Credit Vested	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Covered by Social Security Administration	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

**SECTION F - EMPLOYER SIGNATURE**

**Printed Name of Certifying Official**

**Title**

**Signature of Certifying Official**

**Date**

**Employer Instructions for completing the Application to Purchase Other Missouri Public Service**

This *Application to Purchase Other Missouri Public Service* has been completed by a previous employee wishing to purchase prior creditable service. An authorized representative for the retirement system/employer must complete the application to verify the employee's prior creditable service. Upon completion, please sign, date and send to MOSERS. Steps for completing this form are outlined below.

**Retirement System/Employer Instructions**

1. Complete employer information in Section D.
2. Verify previous service in Section E.
  - Retirement System - Complete this section using retirement or payroll records to verify the member's creditable service with your plan. If no records exist from which a certification can be made, please indicate this on the application before returning it to MOSERS.
  - Previous Employer - Enter the employee's start date(s) and end date(s) (month/day/year) for all full-time public employment. Please note any period of service when the employee was on leave without pay. If no records exist from which a certification can be made, please indicate this on the application before returning it to MOSERS.
3. Sign and date Section F.
4. Return completed form to MOSERS.
  - If you have any questions regarding the purchase of prior creditable service or how to complete this application, please contact MOSERS at (573) 632-6100 or (800) 827-1063.