



Application To Purchase Service Credit
Out-of-State Employment

Please complete and sign Part I of this form and forward it to the former out-of-state employer to complete Part II. A separate application is required for each out-of-state employer.

To be eligible to acquire out-of-state service credit, the member must have been an employee in a public/private school accredited by the state in which it is located or a public/private institution of higher learning in a state or territory of the United States.

If you purchase allowed service credit and have less than 20 years of service, you may owe the Retiree Health Care Authority (RHCA) payment for the full actuarial value of this additional service. Please contact RHCA at 1-800-233-2576 for questions on this issue.

Part I: Member Information
Last Name: First Name: SSN:
Address: City State Zip
Telephone: Previous Names:
I hereby request and authorize the release of information request on this form and any additional information necessary to establish this claim for out-of-state employment.
Signature Date

Part II: Employer's Certification
PLEASE VERIFY EMPLOYMENT FOR THE ABOVE APPLICANT:
Name of Public/Private School or Institution Telephone
Address: City State Zip
Position(s) Held: (1) (2)
Employed from: to: Employed from: to:
Was this employment as a graduate assistant or as a substitute: Yes No
Was this school accredited by the State Department of Education or an accrediting agency approved by the state at the time of the member's employment? Yes No
Please provide the name and address of the administrators of the retirement fund for this service.
Administrator: Address:
City: State: Zip:
On the basis of official records, I certify that the individual identified herein was employed with this public school or institution of higher learning.
Signature of Authorized Official:
Title: Date: