



REQUEST FOR SERVICE CREDIT REVIEW

State Form 52370 (R6 / 2-25)

INDIANA PUBLIC RETIREMENT SYSTEM

One North Capitol Avenue, Suite 001
Indianapolis, IN 46204-2014
Telephone: (844) GO-INPRS (Toll-free)
Fax: (866) 591-9441 (Toll-free)
E-mail: questions@inprs.in.gov
Web site: www.inprs.in.gov

* This agency is requesting disclosure of Social Security Numbers in accordance with Internal Revenue Code 3405; disclosure is mandatory, and this form cannot be processed without it. If your Pension ID (PID) number is provided, you do not need to enter your SSN.

INSTRUCTIONS

1. Type or print using black ink.
2. The information entered below will be used to verify your service credit; please be as specific as possible.
3. This completed, signed, and dated form may be faxed, mailed, or delivered to the lobby of INPRS or mailed to the address indicated on the form. The agency is closed on weekends and holidays, including all State-designated holidays.
4. Questions or changes? Call customer service, toll-free, at (844) GO-INPRS, Monday through Friday.

MEMBER FUND (Choose one)

- ☐ Public Employees' Retirement Fund ☐ Teachers' Retirement Fund
☐ 1977 Fund ☐ EG&C Fund ☐ JRS Fund ☐ PARF Fund ☐ LRS Fund

MEMBER INFORMATION

Member name (full name)		Social Security number*(last 4 digits)		Pension ID (PID) number
Address (number and street)		Telephone number with area code		Other telephone number with area code
City	State	ZIP Code	E-mail address	
Member signature		Date (mm/dd/yyyy)	Previous name(s) (include all names previously used, if applicable)	

EMPLOYMENT HISTORY

1. Include your covered employment history with start and end dates.
2. List different periods of employment with the same employer separately.
3. Attach additional pages as necessary. Write your name and Social Security number at the top of all additional pages.

Employer	Start date (mm/dd/yyyy)	End date (mm/dd/yyyy)

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Entry field	Field description
MEMBER FUND (Choose one)	
Choose one	Select one of the funds listed
MEMBER INFORMATION	
Member name	Enter the complete member's name.
Social Security number*	Enter the last 4 digits of the member's Social Security number*.
Pension ID (PID) number	Enter the member's Pension ID (PID) number.
Address, City, State, ZIP Code	Enter the member's mailing address.
Telephone number/Other telephone number	Enter telephone numbers including area codes for the member.
E-mail address	Enter the member's e-mail address, if applicable.
Address, City, State, ZIP Code	Enter the custodian's street or mailing address.
Member signature	The member must sign and date this form.
Date	The member must sign and date this form. Format = mm/dd/yyyy.
Maiden name(s)	Include all previous names, if applicable.
EMPLOYMENT HISTORY	
1. Include your covered employment history with start and end dates. 2. List different periods of employment with the same employer separately. 3. Attach additional pages as necessary. Write your name and Social Security number at the top of all additional pages.	
Employer	Enter the complete employer's name.
Start date	Enter the employment start date. Format = mm/dd/yyyy.
End date	Enter the employment end date. Format = mm/dd/yyyy.

HELPFUL INFORMATION			
	INPRS	INTERNAL REVENUE SERVICE	INDIANA DEPARTMENT OF REVENUE
Telephone Numbers	(844) GO-INPRS (Toll-free)	(800) 829-1040 (Toll-free)	(317) 233-2240 Indianapolis local
	(866) 591-9441 Fax (Toll-free)	(800) 829-4477 TeleTax (Toll-free)	(317) 232-8729 Tax questions
		(800) 829-4059 TDD (hearing impaired) (Toll-free)	(317) 232-4952 TDD (hearing impaired)
			(317) 233-2329 Fax
Web Site	www.inprs.in.gov	www.irs.gov	www.in.gov/dor