



PERF HYBRID ELIGIBLE SERVICE DATA FOR JOINING OR ENLARGING

State Form 57306 (10-23)

**INDIANA PUBLIC RETIREMENT SYSTEM
PUBLIC EMPLOYEES' RETIREMENT FUND**
 One North Capitol Avenue, Suite 001
 Indianapolis, IN 46204-2014
 Telephone: (888) 876-2707 (Toll-free)
 Fax: (866) 591-9441 (Toll-free)
 E-mail: eppa@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.

INSTRUCTIONS

1. **All fields** on this form must be completed by the Submission Unit and returned to the Indiana Public Retirement System (INPRS) at the address shown on this form.
2. Type or print using black ink.
3. If number of employees exceeds space, complete additional pages, label them and include them with this form submission.
4. This completed, signed, and dated form may be faxed, mailed, or delivered to the lobby of INPRS at the address indicated on this form.
5. Questions or changes? Call customer service, toll-free, at (888) 876-2707, Monday through Friday.

SUBMISSION UNIT INFORMATION

Submission Unit name		Submission Unit number	Join or Enlargement date (mm/dd/yyyy)	
Address (number and street)		City	State	ZIP Code
Contact name	Telephone number with area code	Fax number with area code	E-mail address	

EMPLOYEE (MEMBER) DATA

The information on this form is used to determine the members who can have eligibility service added going back to the hire date after 6 months of covered employment. The purpose of this form is not intended to purchase service.

No.	Employee Name <i>(If position is not filled on or before the effective date of joining or enlarging, leave name blank.)</i>	Social Security number* <i>(Last 4 digits)</i>	Complete position title	Date of hire <i>(mm/dd/yyyy)</i>
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AUTHORIZED SIGNATURE

Signature	Title	Printed Name
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