



**PUBLIC EMPLOYEES' RETIREMENT FUND (PERF) HYBRID  
ELIGIBLE SERVICE DATA FOR JOINING OR ENLARGING**

State Form 57306 (R2 / 6-26)

**INDIANA PUBLIC RETIREMENT SYSTEM  
PUBLIC EMPLOYEES' RETIREMENT FUND**  
 One North Capitol Avenue, Suite 001  
 Indianapolis, IN 46204-2014  
 Telephone: (888) 876-2707 (Toll-free)  
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 E-mail: [eppa@inprs.in.gov](mailto:eppa@inprs.in.gov)  
 Web site: [www.inprs.in.gov](http://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. If you are also submitting for **PERF My Choice**, complete *Public Employees' Retirement Fund (PERF) My Choice Eligible Participation Data for Joining and Enlarging (State Form 9900410)* for those positions and employees. This form is only available from the Employer Advocate (EA) Team.
3. Type or print using black ink. Remove the IMPORTANT instructions page before submitting.
4. If number of employees exceeds space, complete additional pages, label them and include them with this form submission.
5. This completed, signed, and dated form may be faxed, mailed, or delivered to the lobby of INPRS at the address indicated on this form. The agency is closed on weekends and holidays, including all State-designated holidays.
6. Questions or changes? Call customer service, Toll-free at (888) 876-2707, Monday through Friday.

**SUBMISSION UNIT INFORMATION**

Submission unit name		Submission unit number	Joining or Enlarging 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. If additional entries are needed copy page 2 and submit with this form to INPRS.

No	Employee name	Social Security number* <i>(Last 4 digits)</i>	Complete position title	Prior eligibility service credit	Yrs of service	Date of hire <i>(mm/dd/yyyy)</i>
1.				<input type="checkbox"/> Yes <input type="checkbox"/> No		
2.				<input type="checkbox"/> Yes <input type="checkbox"/> No		
3.				<input type="checkbox"/> Yes <input type="checkbox"/> No		
4.				<input type="checkbox"/> Yes <input type="checkbox"/> No		
5.				<input type="checkbox"/> Yes <input type="checkbox"/> No		
6.				<input type="checkbox"/> Yes <input type="checkbox"/> No		
7.				<input type="checkbox"/> Yes <input type="checkbox"/> No		
8.				<input type="checkbox"/> Yes <input type="checkbox"/> No		
9.				<input type="checkbox"/> Yes <input type="checkbox"/> No		

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Submission Unit name	Submission Unit number	Joining or Enlarging date (mm/dd/yyyy)
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**EMPLOYEE (MEMBER) DATA (Continued)**

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. If additional entries are needed copy this page and submit with this form to INPRS.

No	Employee name	Social Security number* <i>(Last 4 digits)</i>	Complete position title	Prior eligibility service credit	Yrs of service	Date of hire <i>(mm/dd/yyyy)</i>
10.				<input type="checkbox"/> Yes <input type="checkbox"/> No		
11.				<input type="checkbox"/> Yes <input type="checkbox"/> No		
12.				<input type="checkbox"/> Yes <input type="checkbox"/> No		
13.				<input type="checkbox"/> Yes <input type="checkbox"/> No		
14.				<input type="checkbox"/> Yes <input type="checkbox"/> No		
15.				<input type="checkbox"/> Yes <input type="checkbox"/> No		
16.				<input type="checkbox"/> Yes <input type="checkbox"/> No		
17.				<input type="checkbox"/> Yes <input type="checkbox"/> No		
18.				<input type="checkbox"/> Yes <input type="checkbox"/> No		
19.				<input type="checkbox"/> Yes <input type="checkbox"/> No		
20.				<input type="checkbox"/> Yes <input type="checkbox"/> No		
21.				<input type="checkbox"/> Yes <input type="checkbox"/> No		
22.				<input type="checkbox"/> Yes <input type="checkbox"/> No		
23.				<input type="checkbox"/> Yes <input type="checkbox"/> No		
24.				<input type="checkbox"/> Yes <input type="checkbox"/> No		
25.				<input type="checkbox"/> Yes <input type="checkbox"/> No		
26.				<input type="checkbox"/> Yes <input type="checkbox"/> No		
27.				<input type="checkbox"/> Yes <input type="checkbox"/> No		
28.				<input type="checkbox"/> Yes <input type="checkbox"/> No		
29.				<input type="checkbox"/> Yes <input type="checkbox"/> No		
30.				<input type="checkbox"/> Yes <input type="checkbox"/> No		

**AUTHORIZED SIGNATURE**

Authorized representative signature	Printed name	Title	Date (mm/dd/yyyy)
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**INSTRUCTIONS**

**PUBLIC EMPLOYEES' RETIREMENT FUND (PERF) HYBRID ELIGIBLE SERVICE DATA FOR JOINING OR ENLARGING**

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**IMPORTANT**

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2. If you are also submitting for **PERF My Choice**, complete [Public Employees' Retirement Fund \(PERF\) My Choice Eligible Participation Data for Joining and Enlarging \(State Form 9900410\)](#) for those positions and employees.
3. Type or print using black ink. Remove the IMPORTANT instructions page before submitting.
4. If number of employees exceeds space, complete additional pages, label them and include them with this form submission.
5. This completed, signed, and dated form may be faxed, mailed, or delivered to the lobby of INPRS at the address indicated on this form. The agency is closed on weekends and holidays, including all State-designated holidays.
6. Questions or changes? Call customer service, Toll-free at (888) 876-2707, Monday through Friday.

Field	Field Description
<b>SUBMISSION UNIT INFORMATION</b>	
Submission unit name	Enter the submission unit name. This is required on each page of this form.
Submission unit number	Enter the submission unit number. This is required on each page of this form.
Joining or Enlarging date	Enter the joining or enlarging date. Format = mm/dd/yyyy
Address	Enter the sub unit mailing address.
City, State, ZIP Code	Enter the sub unit city, state, and ZIP code.
Contact name	Enter the sub unit contact name.
Telephone number with area code	Enter the sub unit contact telephone number with area code.
Fax number with area code	Enter the sub unit fax number with area code.
E-mail address	Enter the sub unit/contact e-mail address.
<b>EMPLOYEE (MEMBER) DATA</b>	
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.	
Employee name	Enter the complete employee name
Social Security number*	Enter the last 4 digits of the employee's Social Security number.
Complete position title	Enter the position title.
Prior eligibility service credit	Select <b>Yes</b> or <b>No</b> if eligibility service credit is being applied.
Years of service	Enter the number of years constituting the eligibility service.
Date of hire	Enter the date of hire of when the employee was hired by the current employer. Format = mm/dd/yyyy
<b>AUTHORIZED SIGNATURE</b>	
Authorized representative signature	This form must be signed and dated by the authorized representative of the sub unit. This person must be on file with INPRS.
Printed name	Enter the printed name of the authorized representative that signed this form.
Title	Enter the title of the authorized representative.
Date	Enter the date the authorized representative signed the form.