



## VERIFICATION OF PRIOR INDIANA STATE TEACHING SERVICE

State Form 41625 (R13 / 2-24)

**INDIANA PUBLIC RETIREMENT SYSTEM  
TEACHERS' RETIREMENT FUND**  
 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](mailto:questions@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

- Member:** Complete the MEMBER INFORMATION section and forward the form to the employer (school unit/corporation).
- Employer:** Complete the EMPLOYER AFFIDAVIT section and forward the form to the Indiana Public Retirement System (INPRS). This information may be submitted by completing an adjusted wage and contribution transaction using TRF Employer Interactive available on the INPRS Web site at [www.inprs.in.gov](http://www.inprs.in.gov).
1. Remove any instruction pages included with this form prior to returning the completed form to the Indiana Public Retirement System (INPRS) at the address shown on this form.
  2. Type or print using black ink.
  3. This completed, signed, and dated form may be faxed, mailed, or delivered to the lobby of INPRS at the address indicated on the form. The agency is closed on weekends and holidays, including all State-designated holidays.
  4. Questions? Call customer service, toll-free, at (844) GO-INPRS, Monday through Friday, 8 a.m. to 8 p.m. ET.

### MEMBER INFORMATION

Member's name		Social Security number ( <i>last 4 digits</i> )*		Pension ID (PID) number	
Address ( <i>number and street</i> )				Telephone number with area code	
City	State	ZIP Code	E-mail address		
Member's signature		Date ( <i>mm/dd/yyyy</i> )		Maiden or other name used while teaching	

### EMPLOYER AFFIDAVIT

The member named in this form is seeking to verify teaching service from your school district for the purpose of establishing retirement credit in this Fund. Pursuant to *Title 515 IAC 1*, by signing this form, you, a representative of the employer, are verifying that this teacher was qualified to serve as a teacher and taught for the period of time indicated on this form.

Employer/school corporation			Submission Unit number ( <i>if applicable</i> )		
Address ( <i>number and street</i> )				Telephone number with area code	
City	State	ZIP Code	Fax number with area code		

School year taught <small>(July 1 through June 30)</small>	Number of days taught	Salary earned	Position	3 percent Contribution paid by
		\$		<input type="checkbox"/> Employer <input type="checkbox"/> Employee
		\$		<input type="checkbox"/> Employer <input type="checkbox"/> Employee
		\$		<input type="checkbox"/> Employer <input type="checkbox"/> Employee
		\$		<input type="checkbox"/> Employer <input type="checkbox"/> Employee
		\$		<input type="checkbox"/> Employer <input type="checkbox"/> Employee

This service credit was in a public school covered under the Teachers' Retirement Fund.  Yes    No

If any service occurred after July 1, 1995, this form will not be considered complete by INPRS unless the employer has paid all contributions in accordance with *IC 5-10.4-7*.

Authorized representative's signature	Authorized representative's title	Date ( <i>mm/dd/yyyy</i> )
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Entry field	Field description
<b>MEMBER INFORMATION</b>	
Member's name	Enter the member's complete 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	Enter the member's telephone number including area code.
E-mail address	Enter the member's e-mail address, if applicable.
Maiden/Other name used while teaching	Enter the member's maiden or other name, if applicable.
Signature and date	Sign and date the form; format = mm/dd/yyyy.
<b>EMPLOYER AFFIDAVIT</b>	
School corporation's name	Enter the full name of the school corporation.
Submission unit number	Enter the school's submission unit number.
Address, City, State, ZIP Code	Enter the school's mailing address, city, state, and ZIP Code.
Telephone number	Enter the school's telephone number including area code.
Fax number	Enter the school's fax number including area code.
School year taught	Enter each year of teaching for the employee.
Number of days taught	Enter the number of days taught for the year.
Salary earned	Enter the employee's salary earned for the year.
Position	Enter the employee's position for the year.
3 percent Contribution paid by	Check either employer or employee as the payer of the mandatory 3% contribution.
Service credit	Check Yes or No whether previous service was with TRF.
Authorized representative's signature and date	This form must be signed and dated by the employer's authorized representative.
Authorized representative's printed title	Enter the employer's authorized representative's title.

<b>HELPFUL INFORMATION</b>			
	<b>INPRS/TRF</b>	<b>INTERNAL REVENUE SERVICE</b>	<b>INDIANA DEPARTMENT OF REVENUE</b>
<b>Telephone numbers</b>	(844) GO-INPRS Toll-free	(800) 829-1040 Toll-free	(317) 233-2240 Indianapolis local
	Fax: (866) 591-9441 Toll-free	(800) 829-4477 TeleTax	(317) 232-8729 Tax questions
		(800) 829-4059 TDD (hearing impaired)	(317) 232-4952 TDD (hearing impaired)
			(317) 233-2329 Fax
<b>Web site</b>	<a href="http://www.inprs.in.gov">www.inprs.in.gov</a>	<a href="http://www.irs.gov">www.irs.gov</a>	<a href="http://www.in.gov/dor">www.in.gov/dor</a>