



VERIFICATION OF INDIANA ACCREDITED PRIVATE SCHOOL TEACHING SERVICE

State Form 49047 (R4 / 1-18)
 Approved by State Board of Accounts, 2018

**INDIANA PUBLIC RETIREMENT SYSTEM
 TEACHERS' RETIREMENT FUND**
 1 North Capitol Avenue, Suite 001
 Indianapolis, IN 46204-2014
 Telephone: (844) GO-INPRS (Toll-free)
 Fax: (317) 232-3882
 E-mail: questions@inprs.in.gov
 Web site: www.inprs.in.gov

INSTRUCTIONS

- Teacher: Complete the MEMBER INFORMATION and MEMBER AFFIDAVIT sections of this form and forward this form to the accredited private school employing unit.
- Employer: Complete the EMPLOYER INFORMATION and EMPLOYER AFFIDAVIT sections of this form and forward it to the Indiana State Teachers' Retirement Fund (TRF) at the address shown on this form.
1. Remove the 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 form may be delivered to the lobby of INPRS at the address indicated on the form. Lobby hours are 8 a.m. to 5 p.m. on weekdays. 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 – Friday, 8 a.m.- 8 p.m. EST.

MEMBER INFORMATION

Member's name		Pension ID (PID) number	
Address (number and street)		Maiden/other name used while teaching	
City	State	ZIP Code	Telephone number with area code

MEMBER AFFIDAVIT

I hereby certify that the service for which I am applying is service in an Indiana accredited private school. This service does not qualify for retirement credit in any public retirement system.

Member's signature	Date (mm/dd/yyyy)
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EMPLOYER INFORMATION

The member is seeking to verify teaching service from your Indiana accredited private school for the purpose of establishing retirement credit with TRF.

Employer's name		Telephone number with area code	
Address (number and street)		City	State ZIP Code

School year taught July 1 – June 30	Number of days taught	School year taught July 1 – June 30	Number of days taught
1.		2.	
3.		4.	
5.		6.	

EMPLOYER AFFIDAVIT

I hereby certify that this employing unit is an Indiana accredited private school. I certify that the member named on this form performed the indicated service as an educational administrator or classroom teacher.

Authorized representative's signature	Authorized representative's title
Authorized representative's printed name	Date (mm/dd/yyyy)

**INSTRUCTIONS FOR
VERIFICATION OF INDIANA ACCREDITED PRIVATE SCHOOL TEACHING SERVICE**

State Form 49047

IMPORTANT

Teacher: Complete the MEMBER INFORMATION and MEMBER AFFIDAVIT sections of this form and forward this form to the accredited private school employing unit.

Employer: Complete the EMPLOYER INFORMATION and EMPLOYER AFFIDAVIT sections of this form and forward it to the Indiana State Teachers' Retirement Fund (TRF) at the address shown on this form.

1. Remove the 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.
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3. This completed form may be delivered to the lobby of INPRS at the address indicated on the form. Lobby hours are 8 a.m. to 5 p.m. on weekdays. The agency is closed on weekends and holidays, including all State-designated holidays.
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Entry field	Field description
MEMBER INFORMATION	
Member's name	Enter the complete name of the member.
Pension ID (PID) number	Enter the member's Pension ID (PID) number.
Address, City, State, ZIP Code	Enter the member's street or mailing address.
Telephone number/Other telephone number	Enter telephone numbers including area codes for the member.
Maiden / Other name used while teaching	Enter the member's maiden or other name, if applicable.
E-mail address	Enter the member's e-mail address, if applicable.
MEMBER AFFIDAVIT	
Member's signature	The member must sign this section of the form.
Date	The member must include the date the form was signed; format = mm/dd/yyyy.
EMPLOYER INFORMATION	
Employer's name	Enter the complete name of the school.
Employer's full address	Enter the employer's full address.
Employer's telephone number	Enter the employer's telephone number including area code.
School year taught	Enter each school year taught.
Number of days taught	Enter the number of days taught for each school year.
EMPLOYER AFFIDAVIT	
Authorized representative's signature	The authorized representative must sign this section of the form.
Authorized representative's title	Enter the authorized representative's title.
Authorized representative's printed name	Enter the authorized representative's printed name.
Date	The authorized representative must include the date the form was signed; format = mm/dd/yyyy.

HELPFUL INFORMATION			
	INPRS/TRF	INTERNAL REVENUE SERVICE	INDIANA DEPARTMENT OF REVENUE
Telephone numbers	(844) GO-INPRS Toll-free	(800) 829-1040 Toll-free	(317) 233-4018 Indianapolis local
	(317) 232-3882 Fax Toll-free	(800) 829-4477 TeleTax	(317) 232-2240 Tax questions
		(800) 829-4059 TDD (hearing impaired)	(317) 233-4952 TDD (hearing impaired)
			(317) 233-2329 Fax
Web site	www.inprs.in.gov	www.irs.gov	www.in.gov/dor