



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

State Form 49047 (R10 / 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: (800) 386-5127 (Toll-free)
Email: 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.

INSTRUCTIONS

Member: 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 Indiana Public Retirement System (INPRS) 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, signed, and dated form may be returned to INPRS using the information at the top of this form, 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.
4. Questions or changes? Call customer service, toll-free, at (844) GO-INPRS, Monday through Friday, 8 a.m. to 8 p.m. ET.

MEMBER INFORMATION

Member name		Social Security number * (last 4 digits)	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 service in any out-of-state, private, or federal retirement system. INPRS will determine eligibility according to [IC 5-10.4-4-5](#).

Member's signature _____ Date (mm/dd/yyyy) _____

EMPLOYER INFORMATION (Private School Employer – must be completed)

The member is seeking to verify teaching service from your Indiana **accredited** private school under [IC 5-10.4-4-5](#) for the purpose of establishing retirement credit with TRF. Please include the name of the individual school as well as the employer's name.

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 (Private School Employer – must be completed)

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. This service does not qualify for retirement credit in any out-of-state, private, or federal retirement system. INPRS will determine eligibility according to [IC 5-10.4-4-5](#).

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

Member: 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 Public Retirement System (INPRS) 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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Entry field	Field description
MEMBER INFORMATION	
Member name	Enter the complete name of the member.
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 telephone number including area code for the member.
Maiden/other name used while teaching	Enter the member's maiden or other name, if applicable.
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 service in any out-of-state, private, or federal retirement system. INPRS determines eligibility according to IC 5-10.4-4-5 .	
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 (Private School Employer – must be completed)	
The member is seeking to verify teaching service from your Indiana accredited private school under IC 5-10.4-4-5 for the purpose of establishing retirement credit with TRF. Please include the name of the individual school as well as the employer's name.	
Employer's name	Enter the complete name of the school.
Address City, State, ZIP Code	Enter the employer's mailing address: City, State, ZIP Code..
Telephone number	Enter the employer's telephone number including area code.
School year taught	Enter each school year taught (July 1 – June 30).
Number of days taught	Enter the number of days taught for each school year.
EMPLOYER AFFIDAVIT (Private School Employer – must be completed)	
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. This service does not qualify for retirement credit in any out-of-state, private, or federal retirement system. INPRS determines eligibility according to IC 5-10.4-4-5 .	
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) 233-2240 Indianapolis local
	(800) 386-5127 Fax 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
Web site	www.inprs.in.gov	www.irs.gov	www.in.gov/dor