

VERIFICATION OF INDIANA ACCREDITED PRIVATE SCHOOL TEACHING SERVICE

State Form 49047 (R3 / 1-13) Approved by State Board of Accounts, 2013

INDIANA PUBLIC RETIREMENT SYSTEM TEACHERS' RETIREMENT FUND

1 North Capitol Avenue, Suite 001 Indianapolis, IN 46204-2014 Telephone: (888) 286-3544 (Toll-free) Fax: (317) 232-3882

E-mail: <u>questions@inprs.in.gov</u> Web site: www.inprs.in.gov

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Complete the MEMBER INFORMATION and MEMBER AFFIDAVIT sections of this form and forward this form to the Teacher:

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.

 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. Type or print using black ink 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. Questions or changes? Call customer service, toll-free, at (888) 526-1687, 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				nile teaching	
City State		ZIP Code	Telephone number with area code		
	MEMBER	RAFFIDAVIT			
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)	
	EMPLOYER	INFORMATION	ON		
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 N July 1 – June 30	umber of days taught		chool year taugh 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)		

LIVIFLOTEN ATTIDAVIT				
I hereby certify that this employing unit is an Indiana accredited privperformed the indicated service as an educational administrator or				
Authorized representative's signature	Authorized representative's title			
Authorized representative's printed name	Date (mm/dd/yyyy)			
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INSTRUCTIONS FOR

VERIFICATION OF INDIANA ACCREDITED PRIVATE SCHOOL TEACHING SERVICE

State Form 49047 (R3 / 1-13)

Approved by the State Board of Accounts, 2013

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.
- 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 (888) 526-1687, Monday Friday, 8 a.m.- 8 p.m. EST.

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	
	(888) 286-3544 Toll-free	(800) 829-1040 Toll-free	(317) 233-4018 Indianapolis local	
Telephone	(317) 232-3882 Fax Toll-free	(800) 829-4477 TeleTax	(317) 232-2240 Tax questions	
numbers		(800) 829-4059 TDD (hearing	(317) 233-4952 TDD (hearing impaired)	
Hambers		impaired)	(317) 233-4332 TDD (fleating impalied)	
			(317) 233-2329 Fax	
Web site	www.inprs.in.gov	www.irs.gov	www.in.gov/dor	