



**VERIFICATION OF OUT-OF-STATE  
TEACHING SERVICE**

State Form 49530 (R6 / 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: [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**

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. Complete all information and place the Member's name and Social Security number at the top of each page as requested.
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) 286-3544, Monday – Friday, 8 a.m.- 8 p.m. EST.

**MEMBER INFORMATION (Member please complete)**

Member's name		Social Security number (last 4 digits)*	Pension ID (PID) number
Address (number and street)		Telephone number with area code	Other telephone number with area code
City	State	ZIP Code	E-mail address
Maiden/Other name used while teaching			

**EMPLOYER INFORMATION (Employer please complete)**

The above member is seeking to verify teaching service from your school district for the purpose of establishing retirement credit in this fund. By signing below, you are verifying that the above member was qualified to serve as a teacher in the public school system of your state, or post secondary teaching service performed at a public institution where the teaching service qualified or would qualify in your state's public retirement system.

Name of school corporation	School Address (number and street, city, state and ZIP Code)
<b>SCHOOL YEAR TAUGHT JULY 1 THROUGH JUNE 30</b>	<b>NUMBER OF DAYS TAUGHT THAT SCHOOL YEAR</b>
Authorized representative's signature	Date (mm/dd/yyyy)
Printed name of representative	Telephone number with area code      Fax with area code

Member's name	Social Security number (last 4 digits)*	Pension ID (PID) number
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**VERIFICATION**

The person named on the reverse side of this form is an active member of the Indiana State Teachers' Retirement Fund. This person wishes to establish credit for their out-of-state service as reported on the reverse side. Indiana law, under certain conditions, does not permit the purchase of out-of-state service credit by members who are receiving a retirement benefit from another state or who have vested rights to a benefit to be paid at some time in the future. Therefore, to assist us in helping this member establish out-of-state service, please answer the questions below that indicate eligibility for retirement benefits from your system. Your assistance is greatly appreciated.

Was the person a member of your state retirement system? .....  Yes  No

Is the person receiving or entitled to receive a benefit from your State based on this service? .....  Yes  No

Was this non-contributory service? .....  Yes  No

If contributory service, has the member received a refund of contributions? .....  Yes  No

If yes, please indicate the date of the refund and the number of years cancelled by the refund:

Date of refund (mm/dd/yyyy): \_\_\_\_\_ Number of years cancelled by refund: \_\_\_\_\_

If the person does not return to teaching in your state, will the person be eligible to receive a benefit from your system? .....  Yes  No

Does this person have credit in your system for employment from another state? If so, please indicate the state(s) and year(s) below .....  Yes  No

Does your system have a restriction against using vested service in your system to qualify for a benefit in Indiana? .....  Yes  No

Please correct or complete the number of days taught if reported in error or left blank by the employing unit. (See reverse side of this form for details supplied by the employing unit.)

Comments: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Authorized representative's signature		Title	Date (mm/dd/yyyy)
Printed name of representative		Name of retirement system	
Address (number and street)	Telephone number with area code	Fax with area code	
City	State	ZIP Code	E-mail address

**INSTRUCTIONS FOR  
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**IMPORTANT**

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Entry field	Field description
<b>MEMBER INFORMATION</b>	
Member's 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 street or mailing address.
Telephone number/Other telephone number	Enter telephone numbers including area codes for the member.
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.
<b>EMPLOYER INFORMATION</b>	
School corporation's name	Enter the full name of the school corporation.
School's address	Enter the school's street or mailing address, city, state, and ZIP Code.
School year taught entries	Enter each year of teaching.
Number of days taught entries	Enter the number of days taught.
Employer's telephone number	Enter the employer's telephone number with area code.
Authorized representative's signature	This form must be signed and dated by the employer's authorized representative.
Authorized representative's printed name	This form must include the printed name of the authorized representative.
Date	This form must be signed and dated by the employer's authorized representative.
<b>EMPLOYER VERIFICATION</b>	
Verification questions	Please answer each question in the verification section.
Comments	Enter any corrections to the information from the employing unit.
Authorized representative's signature	This form must be signed and dated by the employer's authorized representative.
Title	Enter the title of the representative.
Date	The member must include the date the form was signed; format = mm/dd/yyyy.
Printed name of representative	This form must include the printed name of the authorized representative.
Address, City, State, ZIP Code	Enter the employer's street or mailing address.
Telephone number/Other telephone number	Enter telephone numbers including area codes for the employer.
E-mail address	Enter the employer's e-mail address, if applicable.

<b>HELPFUL INFORMATION</b>			
	<b>INPRS/TRF</b>	<b>INTERNAL REVENUE SERVICE</b>	<b>INDIANA DEPARTMENT OF REVENUE</b>
<b>Telephone numbers</b>	(888) 286-3544 Toll-free	(800) 829-1040 Toll-free	(317) 233-4018 Indianapolis local
	Fax: (317) 232-3882	(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
<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>