



**TEACHERS' RETIREMENT FUND (TRF)
VERIFICATION OF OUT-OF-STATE
TEACHING SERVICE**

State Form 49530 (R12 / 2-25)

**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
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 section and forward the form to the employer (school unit/corporation).
Employer: Complete the EMPLOYER INFORMATION section and forward the form to the Retirement System.
Retirement System: Complete the VERIFICATION section and forward the form to the Indiana Public Retirement System (INPRS).
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, 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 or changes? Call customer service, at (844) GO-INPRS, Monday through Friday.

MEMBER INFORMATION (Member must complete.)

Member 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 (Out-of-State Employer must 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)	
SCHOOL YEAR TAUGHT JULY 1 THROUGH JUNE 30		NUMBER OF DAYS TAUGHT THAT SCHOOL YEAR	
Employer authorized representatives signature		Date (mm/dd/yyyy)	
Printed name of representative		Telephone number with area code	Fax with area code

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Member name	Social Security number (last 4 digits)*	Pension ID (PID) number
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VERIFICATION (Retirement System must complete)

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 ☐ NoIs the person receiving or entitled to receive a benefit from your State based on this service? ☐ Yes ☐ NoWas this non-contributory service? ☐ Yes ☐ NoIf 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

Correct or complete the number of days taught if reported in error or left blank by the employing unit. (See *EMPLOYER INFORMATION* section for details supplied by the employing unit.)

Comments: _____

Retirement system authorized representative 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

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IMPORTANT

Member: Complete the MEMBER INFORMATION section and forward the form to the employer (school unit/corporation).

Employer: Complete the EMPLOYER INFORMATION section and forward the form to the Retirement System.

Retirement System: Complete the VERIFICATION section and forward the form to the Indiana Public Retirement System (INPRS).

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Entry field	Field description
MEMBER INFORMATION (Member must complete)	
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/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.
EMPLOYER INFORMATION (Out-of-State Employer must complete)	
School corporation name	Enter the full name of the school corporation.
School's address	Enter the school's mailing address, city, state, and ZIP Code.
School year taught entries	Enter each year of teaching individually.
Number of days taught entries	Enter the number of days taught during each year.
Employer telephone and fax number	Enter the employer's telephone and fax number with area code.
Employer authorized representative signature	This form must be signed and dated by the employer's authorized representative.
Authorized representative printed name	This form must include the printed name of the authorized representative.
Date	This form must be dated by the employer's authorized representative.
VERIFICATION (Retirement System must complete)	
Verification questions	Please answer each question in the verification section.
Comments	Enter any corrections to the information from the employing unit.
Retirement system authorized representative's signature	This form must be signed by the retirement system's authorized representative.
Title	Enter the title of the representative.
Date	This form must be dated by the retirement system's authorized representative.
Printed name of representative	This form must include the printed name of the authorized representative.
Address, City, State, ZIP Code	Enter the retirement system's mailing address.
Telephone number/Other telephone number	Enter telephone numbers including area codes for the retirement system.
E-mail address	Enter the retirement system's e-mail address, if applicable.

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
	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
Web site	www.inprs.in.gov	www.irs.gov	www.in.gov/dor