



## REQUEST TO ADD SERVICE CREDIT

State Form 52006 (R4 / 1-18)

Approved by State Board of Accounts, 2018

**INDIANA PUBLIC RETIREMENT SYSTEM  
TEACHERS' RETIREMENT FUND**  
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### GENERAL REQUIREMENTS

The following are the general requirements that must be met for a member to request additional service credit with the Teachers' Retirement Fund (TRF) also referred to as *the Fund*. This form is used to create an estimate for additional service credit to be purchased or to have service credit added for free, if applicable. If the service credit must be purchased, an estimate is sent to the member. If the service credit is free, the service credit will be added to the member's account. In either case, this form must be completed (all applicable parts) with the requested information and appropriate verifications and signatures must be supplied.

1. The member is currently an active or inactive member of TRF.
2. The member has not been credited previously for service in a covered position for the time period in question.  
Service may be purchased and/or requested at end of first year of Indiana service, but additional service is not included in any retirement computation until the required ten (10) years of creditable Indiana teaching service (not including Public Employees' Retirement Fund [PERF], substitute teaching, or military service) are completed. If membership in TRF began prior to April 1, 1965, this does not apply to federal or out-of-state service credit.
3. Except as provided under 10 U.S.C.A. § 12736, the member is not currently nor in the future using this service credit for benefits from another retirement system.
4. Additional information specific to each type of service credit available is covered in the TRF Member Handbook: Service Credit section available on the INPRS Web site at [www.in.gov/inprs/trfmbhrhandbookservicecredit.htm](http://www.in.gov/inprs/trfmbhrhandbookservicecredit.htm).

### MEMBER INFORMATION AND AUTHORIZATION TO RELEASE MEMBER INFORMATION

*This section is completed by the member who is requesting to add service credit.*

Member's name		Pension ID (PID) number (required)		Date of birth (mm/dd/yyyy)	
Address			Telephone number with area code		
City		State	ZIP Code	Number of years being purchased	
I hereby certify that the service for which I am applying meets the criteria for the type of service as outlined on this form. The time period stated on this form is not now, nor in the future being used for benefits from any other retirement system. I authorize the release of any and all information as requested by TRF pertaining to my request to purchase service credit with the Fund.					
Member's signature		Maiden or other name (if applicable)		Date (mm/dd/yyyy)	

### EMPLOYER INFORMATION

*This section must be completed by the employer for any member requesting additional service credit.*

Employer's name		Submission unit ID <input type="checkbox"/> N/A	
Address		Telephone number with area code	
City		State	ZIP Code
Out-of-state school: <input type="checkbox"/> Yes <input type="checkbox"/> No	Type of school: <input type="checkbox"/> Public <input type="checkbox"/> Private		Number of years being purchased
Include a copy of the employee's current contract <b>or</b> the employee's current contract amount.			\$

### TYPE OF SERVICE CREDIT

*This section must be completed by the employer. Additional documentation may be required and is enumerated in the Service Credit Eligibility document available on the INPRS Web site.*

(Check one)  Additional (air time)       Federal       Leave of absence       Military  
 Omitted contributions       Out-of-state       Private school       Substitute

Member's name	Pension ID (PID) number <i>(required)</i>	Date of birth <i>(mm/dd/yyyy)</i>
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**LEAVE OF ABSENCE INFORMATION**

*The employer must complete this section if this form is being submitted for leave of absence service credit. Leave of absence is subject to the One-Seventh (1/7th) Rule. Select **one (1)** type of leave of absence.*

- 1. I certify that the leave of absence was taken pursuant to the employer's **sick leave** policy or in accordance with the member's contract or collective bargaining agreement as authorized by *IC 20-28-10-1; IC 20-28-10-1(a)(3); IC 20-28-10-2; and in accordance with 35 IAC 14-5-6.*
- 2. I certify that the leave of absence was taken pursuant to a **sabbatical leave** established under *IC 20-28-10-1(a)(1); IC 20-28-10-3.*
- 3. I certify that the leave of absence was taken as a result of the member being placed on **disability or sick leave** pursuant to *IC 20-28-10-1(a).*
- 4. I certify that the leave of absence was taken for the member's **pregnancy** pursuant to *IC 20-28-10-1(d); IC 20-28-10-5.*
- 5. I certify that the leave of absence was taken for **adoption leave** pursuant to *IC 5-10.4-4-7(c).*
- 6. I certify that the leave of absence was taken for active **military service** pursuant to *IC 5-10.4-4-8.*

At the time of the leave of absence, were the employee's three percent (3%) contributions eligible to be picked up by the employer?     Yes     No

Beginning date <i>(mm/dd/yyyy)</i>	Ending date <i>(mm/dd/yyyy)</i>	Compensation <i>(including sick leave)</i>	Contribution to TRF <i>(if any)</i>
		\$	\$

**EMPLOYMENT INFORMATION AND AFFIDAVIT**

*This section must be completed by the employer for any member requesting additional service credit.*

School year taught <i>(July 1 – June 30)</i>	Number of days taught	Salary earned	Position title	Three percent (3%) Contribution paid by
		\$		<input type="checkbox"/> Employer <input type="checkbox"/> Employee <input type="checkbox"/> N/A
		\$		<input type="checkbox"/> Employer <input type="checkbox"/> Employee <input type="checkbox"/> N/A
		\$		<input type="checkbox"/> Employer <input type="checkbox"/> Employee <input type="checkbox"/> N/A
		\$		<input type="checkbox"/> Employer <input type="checkbox"/> Employee <input type="checkbox"/> N/A

Was this service in a public school participating in the Indiana State Teachers' Retirement Fund?     Yes     No

Is this member currently employed by your school corporation?     Yes     No

I hereby certify that the individual named on this form performed the service as indicated.  
 In the case of leave of absence, I attest that the leave of absence was approved by the Board of Trustees and that the terms of the leave of absence agreement were met by the individual named on this form. In the case of out-of-state employment, I attest that the employment was in an accredited school and/or qualifying position in another state.  
 I declare under penalty of perjury pursuant to the laws of the State of Indiana that foregoing representations are true and correct.

Authorized representative's signature	Authorized representative's name	Date <i>(mm/dd/yyyy)</i>
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Base annual salary should not include overtime, lump-sum bonuses, travel allowances and such. A copy of the member's current contract is required for verification. If the service occurred on or after July 1, 1995, this form cannot be processed by TRF until all contributions have been paid by the employer in accordance with *IC 5-10.4-7.*

Member's name	Pension ID (PID) number <i>(required)</i>	Date of birth <i>(mm/dd/yyyy)</i>
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**MILITARY SERVICE INFORMATION**

*This section is completed by the member requesting Military Service Credit and this form must be accompanied by the member's DD Form 214 (Report of Separation).*

Service branch	Dates of service		Total service		
	Start <i>(mm/dd/yyyy)</i>	End <i>(mm/dd/yyyy)</i>	Years	Months	Days
1.					
2.					
3.					

**OUT-OF-STATE PLAN AFFIRMATION**

*This section is completed by the plan administrator verifying the member's participation in a qualifying out-of-state plan.*

Plan name		Telephone number with area code			
Address		City		State	ZIP Code
1. Was this person a member of your state's retirement system?					<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Is this person receiving or entitled to receive a benefit from your state based on this service?					<input type="checkbox"/> Yes <input type="checkbox"/> No
3. Was this non-contributory service?					<input type="checkbox"/> Yes <input type="checkbox"/> No
4. If contributory service, has the member received a refund of contributions?					<input type="checkbox"/> Yes <input type="checkbox"/> No
a. If <b>Yes</b> , indicate the date of the refund <i>(mm/dd/yyyy)</i> .					
b. If <b>Yes</b> , indicate the number of years canceled by the refund.					Yrs.
5. If this person does not return to teaching in your state, will this person be eligible to receive a benefit from your system?					<input type="checkbox"/> Yes <input type="checkbox"/> No
6. Does your system restrict use of vested service to qualify for a benefit in Indiana?					<input type="checkbox"/> Yes <input type="checkbox"/> No
Authorized representative's signature		Authorized representative's title		Date <i>(mm/dd/yyyy)</i>	

This completed form may be delivered to the lobby of the Indiana Public Retirement System (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. The list of current year state holidays is available online at [www.in.gov/spd/2555.htm](http://www.in.gov/spd/2555.htm).

Customer Service hours of operation are Monday – Friday, 8 a.m. – 8 p.m. EST. The agency is closed on weekends and holidays, including all State-designated holidays.

**OFFICE USE ONLY**

Processed by	Date <i>(mm/dd/yyyy)</i>	Audited by	Date <i>(mm/dd/yyyy)</i>
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