Reset Form

EMPLOYER CERTIFICATION OF SCHOOL SERVICE

State Form 47718 (R4 / 1-13)

INDIANA PUBLIC RETIREMENT SYSTEM
PUBLIC EMPLOYEES' RETIREMENT FUND
1 North Capitol Avenue, Suite 001
Indianapolis, IN 46204-2014
Telephone: (888) 876-2707 (Toll-free)
Fax: (317) 234-6692
E-mail: eppa@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

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) 876-2707, Monday – Friday, 8 a.m.- 5 p.m. EST.

MEMBER INFORMATION

Member's name	Social Security number*	Date *(mm/dd/yyyy)*

SCHOOL YEAR	EMPLOYMENT PERIOD		TYPE OF SERVICE (check only one)		
	Start Date *(mm,dd,yyyy)*	**End Date** *(mm,dd,yyyy)*	**School Term**	**Contract Period**	**Actual Months**

Indiana Administrative Code 35 IAC 1.2-3-3 provides that PERF members employed by a school corporation, state school, university, school city or town are entitled to one (1) year of PERF service credit for each (i) full school term, or (ii) contract period for which the member is employed. PERF members who are not employed for a full school term or contract period will be credited only with the number of actual months of employment. I hereby certify that for each period of service listed above, I have indicated whether the employee's service should be counted as (i) a full school term, (ii) a completed contract period, or (iii) actual months of employment and not eligible under either of the foregoing. I am authorized to accept this liability on behalf of the governing body of my employer, and I understand that verification of the service creates a pension liability for the employer and that any error in this service can only be corrected prior to the employee's retirement.

Authorized agent's signature	Date *(mm/dd/yyyy)*
Printed name of authorized agent	
Employer's name	Employer's account number

INSTRUCTIONS FOR

EMPLOYER CERTIFICATION OF SCHOOL SERVICE

State Form 47718 (R4 / 1-13)

IMPORTANT

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) 876-2707, Monday – Friday, 8 a.m.- 5 p.m. EST.

Entry field	Field description
MEMBER INFORMATION	
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.
Date	Enter the date; format = mm/dd/yyyy.
EMPLOYER INFORMATION	
This section must be completed by the employer. Enter each year or contract period on a separate line.	
School year	Enter the year or contract year.
Employment period	Enter the start date and end date of each period; format = mm/dd/yyyy.
Type of service	Check only one between school term, contract period or actual months.
AUTHORIZED AGENT AFFIDAVIT	
Authorized agent's signature	This form must be signed and dated by the employers' authorized representative.
Date	The employer must include the date the form was signed; format = mm/dd/yyyy.
Authorized agent's printed name	This form must include the printed name of the authorized representative.
Employer's name	Enter the employer's name.
Employer's account number	Enter the employer's account number.

HELPFUL INFORMATION			
	INPRS/PERF	**INTERNAL REVENUE SERVICE**	**INDIANA DEPARTMENT OF REVENUE**
Telephone numbers	(888) 876-2707 Toll-free	(800) 829-1040 Toll-free	(317) 233-4018 Indianapolis local
	(317) 234-6692 Fax	(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
Web site	www.inprs.in.gov	www.irs.gov	www.in.gov/dor