



REQUEST TO PURCHASE PRIOR MILITARY SERVICE CREDIT

State Form 54011 (R11 / 1-24)

This form is a request to purchase military service credit not covered by the federal Uniformed Services Employment and Reemployment Rights Act (USERRA) (38 U.S.C. 4301 et seq.), including all later amendments.

**INDIANA PUBLIC RETIREMENT SYSTEM
PUBLIC EMPLOYEES' RETIREMENT FUND
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

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 above.
2. Type or print using black ink. Complete all information and place the Member's name, Social Security number and Pension ID 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? Call Customer Service at (844) GO-INPRS, (844) 464-6777, Monday through Friday, 8 a.m. to 8 p.m. ET.

QUALIFICATIONS

Indiana Pension Law permits members to purchase service credit for up to two years of prior military service. This service may not be used in claiming a retirement or disability benefit until payment in full has been made and you have accumulated ten years of actual service, not including any purchased service credit.

In order to purchase this credit, you must meet the following criteria:

1. Must be currently employed in a PERF Hybrid- or TRF Hybrid-covered position and have at least one year of service credit.
2. Must have served on active duty in the armed services of the United States for at least six months.
3. **YOU MUST HAVE RECEIVED AN HONORABLE DISCHARGE FROM THE ARMED SERVICES AND THE DOCUMENTATION PROVIDED MUST INCLUDE THE CHARACTER OF SERVICE FIELD.**
4. Must be able to provide a DD Form 214, *Certificate of Release or Discharge from Active Duty*, for each period of service you want to purchase. These forms may be requested from the National Archives at <https://www.archives.gov/veterans>. The armed services of the United States include the United States Army, Navy, Air Force, Marine Corps, Coast Guard, and active duty National Guard and Reserves.

PROCEDURES FOR PURCHASE OF SERVICE

If you meet these criteria, complete the MEMBER INFORMATION AND AUTHORIZATION and the SERVICE HISTORY sections of this form. Your current employer must complete the CURRENT EMPLOYER INFORMATION AND CERTIFICATION section of this form. When all sections of this form are complete, forward the form to INPRS at the address shown on this form. Be sure to include copies of all DD Form 214s covering the service you want to purchase. INPRS will calculate the cost of the service and return a purchase agreement to you. To purchase the service, you must complete the agreement and return it to INPRS with your payment. Payment may be made in a lump sum or in annual installments for a period not to exceed five years. Any installment shall bear interest at a rate determined by INPRS. Any payments are subject to applicable Internal Revenue Code (IRC) limits and the Fund may adjust any payments in a manner necessary to comply with those limits. In addition, INPRS may deny any application for the purchase of military service credit if the purchase would exceed the limitations under Section 415 of the IRC.

DISTRIBUTIONS

If you purchase service and elect to withdraw from PERF Hybrid or TRF Hybrid prior to becoming vested (ten years of service), the amount you have paid plus accumulated interest will be distributed to you.

MEMBER FUND

I am an active member of the (Choose one):

- Public Employees' Retirement Fund (PERF Hybrid) Teachers' Retirement Fund (TRF Hybrid)

MEMBER INFORMATION AND AUTHORIZATION

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	

I authorize the release of any and all information as requested by INPRS pertaining to my request to purchase prior military service credit with the Fund.

Member's signature			Date (mm/dd/yyyy)		
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Member's name	Social Security number* (<i>last 4 digits</i>)	Pension ID (PID) number
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The current 2024 IRC section 415(c)(1)(A) after tax contribution limit is \$69,000.00 for 2024. You must determine if this cost is in your allowed limit of post-tax contributions to a 401(a). Refer to the [What are the annual compensation limits for all INPRS funds per IRC 401\(a\)\(17\)?](#) FAQ on the INPRS website.

This means that you may not submit a check, or other after-tax money, to INPRS in an amount more than the IRC 415(c)(1)(A) limit in one year. The limit is adjusted annually.

MILITARY SERVICE HISTORY

You must provide a DD Form 214, *Certificate of Release or Discharge from Active Duty*, for each period of service you want to purchase. Each DD Form 214 must bear the Character of Service designation, "Honorable".

Branch of service	Service start date (<i>mm/dd/yyyy</i>)	Service end date (<i>mm/dd/yyyy</i>)	Total service (<i>years/months/days</i>)

CURRENT EMPLOYER INFORMATION AND CERTIFICATION

NOTE: Base annual salary should be given exclusive of overtime, lump-sum bonuses, travel allowances, etc.

Employer's name	Employer account number	Telephone number with area code
Employee's position title	Date of hire (<i>mm/dd/yyyy</i>)	Employee's annual salary \$
I certify that the employee/member named in this form is employed by us in a PERF Hybrid- or TRF Hybrid-covered position.		
Authorized agent's signature	Authorized agent's name (<i>printed</i>)	Date (<i>mm/dd/yyyy</i>)

**INSTRUCTIONS FOR
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IMPORTANT

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Entry field	Field description
MEMBER INFORMATION AND AUTHORIZATION	
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 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.
Member's signature	The member must sign and date this section of the form.
Date	The member must include the date the form was signed; date format = mm/dd/yyyy.
MILITARY SERVICE HISTORY	
Branch of service	Enter the branch of service—a DD 214 must be provided for each branch of service.
Service start date	Enter the service start date; date format = mm/dd/yyyy.
Service end date	Enter the end date of service; date format = mm/dd/yyyy.
Total service	Enter the total amount of service for each entry; format = years, months, days.
CURRENT EMPLOYER INFORMATION AND CERTIFICATION	
Employer's name	Enter the full name of the employer.
Employer account number	Enter the employer's PERF/TRF account number.
Telephone number	Enter the employer's telephone number with area code.
Employee's position title	Enter the title of the position held by the employee/member.
Date of hire	Enter the date of hire for the employee/member; date format = mm/dd/yyyy.
Annual salary	Enter the employee's/member's annual salary. The salary must be the base annual salary exclusive of overtime, lump-sum bonuses, travel allowances, etc.
Authorized representative's signature	This form must be signed and dated by the employers' 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.

HELPFUL INFORMATION			
	INPRS/PERF/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
	(866) 591-9441 Fax Toll-free	(800) 829-4477 TeleTax	(317) 232-8729 Tax questions
		(800) 829-4059 TDD (hearing impaired) Toll-free	(317) 232-4952 TDD (hearing impaired)
			(317) 233-2329 Fax
Web site	www.inprs.in.gov	www.irs.gov	www.in.gov/dor