



REQUEST TO PURCHASE PRIOR MILITARY SERVICE CREDIT

State Form 54072 (R / 3-12)
 Approved by State Board of Accounts, 2009

**INDIANA PUBLIC RETIREMENT SYSTEM
 STATE EXCISE POLICE, GAMING AGENT, GAMING
 CONTROL OFFICER, & CONSERVATION
 OFFICERS' RETIREMENT PLAN**
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* This agency is requesting disclosure of Social Security Numbers in accordance with Internal Revenue Code; disclosure is mandatory and this form will not be processed without it.

Indiana Code 5-10.3-7-5 and 21-6.1-4-6.1 permits members to purchase service credit for up to two (2) years of prior military service with the Public Employees' Retirement Fund (PERF) or the Teachers' Retirement Fund (TRF). 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 (10) years of service, not including any purchased military or out-of-state service.

QUALIFICATIONS

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

1. You must be currently employed in a State Excise Police, Gaming Agent, Gaming Control Officer, & Conservation Officers' Retirement Plan (the Plan) covered position and have at least one (1) year of service credit.
2. You must have served on active duty in the armed services of the United States for at least six (6) months (only two (2) years of service may be purchased).
3. You must have received an honorable discharge from the armed services.
4. You 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 <http://www.archives.gov/veterans/military-service-records/dd-214.html>. The armed services of the United States include the United States Army, Navy, Air Force, Marine Corps, and Coast Guard.

PROCEDURES FOR PURCHASE OF SERVICE

If you meet these criteria, complete Parts 1 and 2 of this form. Your current employer must complete Part 3. When all parts are complete, forward the form to the Plan at the above address. Be sure to include copies of all DD Form 214s covering the service you want to purchase. The Plan will calculate the cost of the service and return a purchase agreement to you. If you want to purchase the service, you must complete the agreement and return it to the Plan with your payment.

Payment may be made in a lump sum or in installments for a period not to exceed five (5) years. Any installment shall bear interest at the actuarial rate effective on the date of the first installment. Any payments are subject to applicable Internal Revenue Service (IRS) limits and the Plan may adjust any payments in a manner necessary to comply with those limits. In addition, the Plan may deny an application for the purchase of military credit if the purchase would exceed the limitations under Section 415 of the IRS Code.

DISTRIBUTIONS

If you purchase service and elect to withdraw from the Plan prior to becoming vested (ten (10) years of service), the amount you have paid plus accumulated interest will be distributed to you.

PART 1 - MEMBER INFORMATION & AUTHORIZATION			
Social Security Number *		Date of birth (month, day, year)	
Name of applicant (first, middle initial, last)			TRF number (TRF members only)
Address (number and street, city, state, and ZIP code)			Check here if this is a new address. <input type="checkbox"/>
Home telephone number ()	Other telephone number ()	E-mail address	
I authorize the release of any and all information as requested by the Plan pertaining to my request to purchase prior military service credit with the Plan.			
Signature of applicant			Date (month, day, year)

PART 2 - 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.			
Branch of Service	Service Start Date (month, day, year)	Service End Date (month, day, year)	Total Service (years/months/days)

PART 3 - CURRENT EMPLOYER INFORMATION		
NOTE: Base annual salary should be given exclusive of overtime, lump-sum bonuses, travel allowances, etc.		
Name of employer	Account number of employer	Telephone number of employer ()
Title of position	Date of hire (month, day, year)	Annual salary
I certify that the above named individual is employed by us in a PERF or TRF covered position.		
Signature of authorized agent		Date (month, day, year)
Printed name of authorized agent		