EXCISE, GAMING & CONSERVATION OFFICERS' (EG&C) RETIREMENT FUND REQUEST TO PURCHASE PRIOR MILITARY SERVICE CREDIT

State Form 54072 (R10 / 10-25)

Reset Form

INDIANA PUBLIC RETIREMENT SYSTEM
EXCISE, GAMING & CONSERVATION OFFICERS' RETIREMENT FUND
One North Capitol Avenue, Suite 001
Indianapolis, IN 46204-2014
Telephone: (844) GO-INPRS, (844) 464-6777 (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).
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 this form. The agency is closed on weekends and holidays, including all State-designated holidays.
4. Questions? Call customer service, Toll-free at (844) GO-INPRS, (844) 464-6777, Monday through Friday.

QUALIFICATIONS

IC 5-10.3-7-5 permits members to purchase service credit for up to two (2) 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 (10) years of service, not including any purchase military or out-of-state service.

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

1. You must currently be employed in the Excise, Gaming & Conservation Officers' Retirement Fund (the Fund) covered position and have at least one 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 AND THE DOCUMENTATION PROVIDED MUST INCLUDE THE CHARACTER OF SERVICE FIELD.**
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. 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.

PROCEDURE FOR PURCHASE OF SERVICE

If you meet these criteria, complete Parts 1 and 2 of this form. When complete, forward this 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. If you want 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 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 Fund may adjust any payments in a manner necessary to comply with those limits. In addition, the Fund 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 Fund prior to becoming vested (10 years of service), the amount you have paid plus accumulated interest will be distributed to you.

PART 1: MEMBER INFORMATION AND AUTHORIZATION

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

Beneficiary *(Choose one)* ☐ Yes ☐ No	Beneficiary name *(if applicable)*	Beneficiary date of birth *(mm/dd/yyyy)*

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 signature	Date *(mm/dd/yyyy)*

EXCISE, GAMING & CONSERVATION OFFICERS' (EG&C) RETIREMENT FUND REQUEST TO PURCHASE PRIOR MILITARY SERVICE CREDIT
State Form 54072

Member name	Social Security number *(last 4 digits)**	Pension ID (PID) number

The current IRC section 415(c)(1)(A) after tax contribution limit is available from www.irs.gov. 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. Refer to www.irs.gov for the appropriate 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** *(mm/dd/yyyy)*	**Service end date** *(mm/dd/yyyy)*	**Total service** *(years/months/days)*

INSTRUCTIONS FOR

EXCISE, GAMING & CONSERVATION OFFICERS' (EG&C) RETIREMENT FUND REQUEST TO PURCHASE PRIOR MILITARY SERVICE CREDIT

State Form 54072

IMPORTANT

1. Remove the instruction pages included with this form prior to returning the completed form to the Indiana Public Retirement System (INPRS).
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 this form. The agency is closed on weekends and holidays, including all State-designated holidays.
4. Questions? Call customer service, Toll-free at (844) GO-INPRS, (844) 464-6777, Monday through Friday.

QUALIFICATIONS
Read this section of this form before completing the form for submission.
PROCEDURE FOR PURCHASE OF SERVICE
Read this section of this form before completing the form for submission.
DISTRIBUTIONS
If you purchase service and elect to withdraw from the Fund prior to becoming vested (10 years of service), the amount you have paid plus accumulated interest will be distributed to you.

Entry field	Field description
PART 1: MEMBER INFORMATION AND AUTHORIZATION	
Member name	Enter the member's complete name.
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 the member's telephone numbers including area codes.
E-mail address	Enter the member's e-mail address, if applicable.
Beneficiary	Choose one, **Yes** or **No**, as applicable,
Beneficiary name	Enter the beneficiary's full name, if applicable.
Beneficiary date of birth	Enter the beneficiary's date of birth.
Member signature	The member must sign and date this section of the form; date format = mm/dd/yyyy.
Date	The member must sign and date this section of the form; date format = mm/dd/yyyy.
The current IRC section 415(c)(1)(A) after tax contribution limit is available from www.irs.gov. 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. Refer to www.irs.gov for the appropriate 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	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; date format = years, months, days.

HELPFUL INFORMATION			
	INPRS/EG&C	**INTERNAL REVENUE SERVICE**	**INDIANA DEPARTMENT OF REVENUE**
Telephone numbers	(844) GO-INPRS Toll-free	(800) 829-1040 Toll-free	(317) 233-2240 Indianapolis local
	(844) 464-6777 Toll-free	(800) 829-4477 TeleTax	(317) 232-8729 Tax questions
	(866) 591-9441 Fax Toll-free	(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