



REQUEST TO PURCHASE PRIOR MILITARY SERVICE CREDIT

State Form 54072 (R3 / 3-19)

**INDIANA PUBLIC RETIREMENT SYSTEM
STATE EXCISE POLICE, GAMING AGENT, GAMING CONTROL OFFICER, & CONSERVATION OFFICERS' RETIREMENT PLAN**
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.

QUALIFICATIONS

Indiana Code 5-10.3-7-5 and 21-6.1-4-6.1 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 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 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 year of service credit.
2. You must have served on active duty in the armed services of the United States for at least six months (only two 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>. The armed services of the United States include the United States Army, Navy, Air Force, Marine Corps, active duty National Guard and Reserves and the Coast Guard.

PROCEDURES FOR PURCHASE OF SERVICE

If you meet these criteria, complete Parts 1 and 2 of this form. When 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 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 years of service), the amount you have paid plus accumulated interest will be distributed to you.

PART 1: 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	
Marital Status (single/married)	Spouse name (if applicable)			Spouse 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 Plan.					
Member's signature				Date (mm/dd/yyyy)	

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
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 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? Call the Member Service Center at (844) GO-INPRS, (844) 464-6777, Monday – Friday, 8 a.m. to 8 p.m. ET.

Entry field	Field description
PART 1: MEMBER INFORMATION AND AUTHORIZATION	
Member's 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.
Marital Status	Enter single or married.
Spouse Name	Enter full name of spouse, if applicable.
Spouse date of birth	Enter date of birth of spouse.
Member's signature	The member must sign and date this section of the form; date format = mm/dd/yyyy.
PART 2: 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; date format = years, months, days.

HELPFUL INFORMATION			
	INPRS	INTERNAL REVENUE SERVICE	INDIANA DEPARTMENT OF REVENUE
Telephone numbers	(844) GO-INPRS Toll-free	(800) 829-1040 Toll-free	(317) 233-4018 Indianapolis local
	(866) 591-9441 Fax Toll-free	(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