

INSTRUCTIONS FOR COMPLETING THE APPLICATION TO PURCHASE SERVICE CREDIT FORM

1. **Retirement System** — Check the retirement system in which you are now an active member.
2. **Name** — Enter your full name (first, middle initial, last name, and your maiden and/or a former names, if applicable).
3. **Mailing Address** — Enter your present mailing address.
4. **Social Security Number** — Enter your Social Security number.
5. **Membership Number** — Enter your current pension membership number, if available.
6. **Date of Birth** — Enter your date of birth (month/day/year).
7. **E-mail Address** — Enter your e-mail address, if you have one.
8. **Home and Business Phone Numbers** — Be sure to include the area code.
9. **Current Employer** — Enter the name of your current employer.
10. **Retirement Date** — If you are planning to retire within the next six months, enter your tentative retirement date.
11. **Employment Information** — complete the information requested in the chart.
 - a) **Code** — Enter the code that corresponds to the type of service you wish to purchase.
 - b) **Employer Name and Address** — Enter the name and address of the employer for which the service you wish to purchase was rendered. If you are requesting to purchase military service, enter in the Address field the branch of the Armed Forces in which you served and attach a copy of your *Form DD214, Report of Transfer or Discharge*. The *Form DD214* must reflect the "Character of Service."
 - c) **Title** — Enter the official payroll title of the position that you held with the named employer.
 - d) **Dates** — Enter the beginning and ending dates (month/day/year) for the service you wish to purchase. If you wish to purchase service for a leave of absence, enter **only** the dates of the leave of absence.
12. **Pension Fund Verification** — If you were a member of a pension fund outside of New Jersey during any employment listed in the Employment Information Section, complete the name and address of the retirement office in the space provided. Also, please attach any documentation that indicates you are not eligible for a retirement benefit or that you have limited participation in that retirement fund. This section need not be completed for New Jersey public employers or military.
13. **Signature** — Be sure to sign and date the application.

EMPLOYMENT VERIFICATION

FOR SERVICE RENDERED IN NEW JERSEY AND MILITARY SERVICE — If you are submitting a request to purchase purchase Temporary/Substitute, Leaves of Absence, Former, Uncredited, Local, Military Service, or Layoff service rendered *within the State of New Jersey*, you are **not** required to submit the *Employer Verification Form*. The Division of Pensions and Benefits will obtain the appropriate documentation from your previous employers. To complete this process, follow step 1:

1. Submit the *Application to Purchase Service Credit* to the Division of Pensions and Benefits at the address indicated on the application.

FOR SERVICE RENDERED OUT-OF-STATE — If you are submitting a request to purchase purchase Out-of-State and/or U.S. Government service, your previous employer(s) must complete the attached *Employment Verification Form*. It is your responsibility to obtain verification from your former employer(s) for service rendered outside of the State of New Jersey and/or with the U.S. Government. To complete this process, follow the steps listed below:

1. Complete the *Application to Purchase Service Credit*.
2. Make copies of the application as needed (be sure to keep one copy for your records) and immediately submit the original to the Division of Pensions and Benefits at the address shown on the application.
3. Complete the top portion of the *Employment Verification Form*: check the appropriate pension fund, enter your name, date of birth, Social Security number, and membership number (if known).
4. Submit the *Employment Verification Form* with a copy of your application to the appropriate employer(s).
5. For the purchase of U.S. Government service, send the *Employment Verification Form* to: Office of Personnel Management, 1900 E Street, NW, Washington, DC 20415.

**This process must be completed for each employer listed on the *Application to Purchase Service Credit*.
Please make copies of the forms, as needed.**

EMPLOYMENT VERIFICATION FORM INSTRUCTIONS

TO BE COMPLETED BY EMPLOYER:

1. **Name of Employer** - Enter the full name of the employer.
2. **Official Payroll Title** - Enter the payroll title held by the employee.
3. **Date of Hire** - Enter the date on which the employee was hired (*Month/Day/Year*).
4. **Date of Permanent Appointment** - Enter the date on which the employee received a permanent appointment (*Month/Day/Year*). (In non-Civil Service jurisdictions, this date is the same as the date of hire.)
5. **Employment Dates** - Enter the beginning and ending dates of employment for each position and also year-by-year employment. For Boards of Education, enter the dates by school year (*Month/Day/Year*). If additional space is needed, please attach an additional sheet with the information requested in items 2 through 7. (Leaves of Absence should be entered only in Items 9 and 10.)
6. **Base Salary** - Enter the annual or monthly base salary earned for each year. Base salary is the contractual salary of the employee. Base salary should **NOT** include bonuses, overtime pay, stipends or longevity pay, sick or vacation time paid in lump-sum. Please check if salary is monthly or annual.
7. **Substitute Service** - Enter the exact number of days of substitute service that the named employee worked during the regular school year, if applicable.
8. **Board of Education Information** - Board of Education Certifying Officers should indicate the number of months in a regular school year for their particular district (*i.e.*, 9, 10, or 11).
9. **Dates for Leave of Absence** - Enter the beginning and ending dates of any Leave of Absence (*Month/Day/Year*).
10. **Reason for Leave of Absence** - Enter the reason for each Leave of Absence. Acceptable reasons for Leave of Absence are Personal Illness, Personal Reasons, Maternity, and/or Child Care. Please list Maternity and/or Child Care leave/s separately (see instructions for Item 11). DO NOT LIST FAMILY MEDICAL LEAVE ACT (FMLA) AS A REASON as the Purchase Section will be unable to determine the reason for the Leave of Absence.

IMPORTANT NOTE: IF ITEMS 9 AND 10 ARE NOT COMPLETED PROPERLY, THE FORM WILL BE RETURNED AND PROCESSING WILL BE DELAYED.

11. If the leave is for Personal Illness or Maternity, indicate whether or not medical documentation is on file for the entire leave. A certification from a physician that a member was disabled due to pregnancy and resulting disability for the period in excess of three months is required. Otherwise, three months is the maximum period of purchase for Maternity.
12. **Social Security Coverage** - Check whether the positions that were listed in Item 2 were covered under the provisions of the Federal Old-Age and Survivors Insurance System as defined in Section 218(b)5 of the Social Security Act (FICA).
13. **Pension Fund Verification** - Check whether the employee was a member of a pension fund during any employment listed in Item 2. If yes, please check whether the employee is receiving or entitled to receive a pension based on the employment listed in Item 2. Also, please provide the name and address of the retirement office.
14. **Public/Private Employer** - Check whether the employer is a public or private entity.

— INITIAL ALL ALTERATIONS AND CORRECTIONS —

Signature - Be sure to sign and date the *Employment Verification Form*. Unsigned *Employment Verification Forms* will be returned. Title and phone number, including area code, are required.

Mail the completed form to:

**Attention: Purchase Section
NJ Division of Pensions and Benefits
PO Box 295
Trenton NJ 08625-0295**

IF YOU HAVE QUESTIONS, CONTACT THE OFFICE OF CLIENT SERVICES AT (609) 292-7524.