



Teachers' Retirement System of Louisiana
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 Toll free (outside the Baton Rouge area): 1-877-ASK-TRSL (877-275-8775)
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Form 9A (1/19)

03-9A

Application for Purchase of Out-of-State Public School Employment

Print in ink or type all entries except signatures. **Application should be received by TRSL at least six months in advance of applying for retirement or DROP.** Section 1 must be completed by the applicant. Section 2 must be completed by the employer for whom the service was rendered. Section 3 must be completed by the appropriate retirement system. **Incomplete or improperly certified forms are not acceptable for evaluation by TRSL and will be returned directly to the applicant.**

Section 1 — To be completed by applicant

Name: Last, first, MI, suffix (Jr, III, etc.)		Social Security number										
Street/PO Box		<table border="1"><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table>										
City, state, zip		Date of Birth (mm-dd-yyyy)										
Daytime telephone (with area code)	Evening telephone (with area code)	Email address										

Name(s) under which service was rendered if different from above: _____

Years employed:		Employer
From (mm-dd-yyyy):	To (mm-dd-yyyy):	

If you have additional out-of-state employment AND you wish to purchase credit for this service, please list name(s) of other employer(s). Submit a separate Form 9A for each out-of-state employer for which you will purchase service credit.

State	School district

To comply with statute LSA-R.S. 11:701(9), TRSL members may not obtain more than one year of service credit during any fiscal year.

There is a \$150 nonrefundable fee to calculate the cost of service credit purchases. This fee covers the cost for TRSL's actuary to provide you with one cost calculation. Additional cost calculations are \$50 each. The fee can be paid by personal check, cashier's check, certified check, or money order, made payable to the TEACHERS' RETIREMENT SYSTEM OF LOUISIANA, and should accompany this application.

I would like the cost of purchasing:	Included in \$150 fee	Additional \$50 fee required
	Cost calculation #1	Cost calculation #2
	_____ years	_____ years

- I request only an estimate of the cost calculation(s) above. The estimate provided will reflect the minimum purchase amount based only on contributions and interest. I understand Section 3 must be completed for TRSL to generate the estimate. Upon receiving the estimated cost to purchase, I will have the opportunity to decide if I want to pay the actuary fee to continue and receive a valid cost invoice.
- I request to pay the actuary fee and have the actuary compute the cost calculation(s).

I hereby authorize the release of all information necessary to verify service to be purchased with TRSL.

Applicant's signature (Do not print or type.)	Date signed (mm-dd-yyyy)
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Applicant must forward form to out-of-state employer for completion of Section 2 on the reverse side.

Applicant's Social Security number

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DO NOT list student employment. Louisiana Revised Statute 11:753 prohibits student employment service credit in TRSL.
DO NOT subtract paid sick leave from total of days worked.

Section 2 — To be completed by the out-of-state employer

List separately by fiscal year:

Fiscal year (7/1-6/30)	State	School or school district	Actual salary earned (if available)	Hours worked per day	Hours in full day	Months of contract	Days worked and/or days paid	Days per full contract year
19 71 - 19 72	MA	XYZ School District	\$6,000	7	7	9	186	186
___ - ___								
___ - ___								
___ - ___								
___ - ___								
___ - ___								
___ - ___								
___ - ___								
___ - ___								

Did applicant receive credit for this service under any retirement system which was funded wholly or partly from public funds, other than Social Security?

No Yes If yes, please provide name of system: _____

Printed name of certifying official	Email address	
Signature of certifying official	Name of out-of-state employer	
Title	Daytime telephone (with area code)	Date signed (mm-dd-yyyy)
Street/PO Box	City, state, zip	

After completing Section 2, please forward to the appropriate public retirement system for completion of Section 3 below.

Section 3 — To be completed and forwarded to TRSL by the out-of-state public retirement system

This applicant is an active member of TRSL and wishes to purchase credit for out-of-state service. Louisiana law prohibits the purchase of credit for out-of-state service by members who are entitled to benefits for the same service under any other public retirement system. Check the box for the appropriate answers to the questions below regarding this applicant's membership.

1. Is this applicant receiving or entitled to a benefit from your system based on the service certified in Section 2? Yes No
2. Has this applicant withdrawn contributions for the service certified in Section 2? Yes No

Printed name of certifying official	Email address	
Signature of certifying official	Name of public retirement system	
Title	Daytime telephone (with area code)	Date signed (mm-dd-yyyy)
Street/PO Box	City, state, zip	