



Teachers' Retirement System of Louisiana

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Toll free (outside the Baton Rouge area): 1-877-ASK-TRSL (877-275-8775)

www.TRSL.org • web.master@trsl.org

Form 9B (1/19)

03-9B

Application for Purchase of Military Service

Active Military Duty

Active National Guard

National Guard/Coast Guard/Reserve

Print in ink or type all entries except signatures. Application should be received by the Teachers' Retirement System of Louisiana (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 current employer(s). 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

Form fields for Name, Social Security number, Street / P.O. Box, City, state, zip, Date of birth, Daytime telephone, Evening telephone, and E-mail address.

Under the provisions of Louisiana Revised Statutes 11:153, members of TRSL may purchase up to 4 years of service credit for military service, provided members were honorably discharged.

If you have additional service you wish to purchase, please list type of service (out-of-state, private school, other local/state governmental service, etc.) and name of employer where service was rendered. Please note that you must submit a separate application for each type of service to be purchased.

Type: _____ Employer name: _____

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.

Table with 3 columns: I would like the cost of purchasing, Included in \$150 fee, and Additional \$50 fee required. Rows for Cost calculation #1 and #2 with years.

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

An installment payment option is offered for the purchase of military service not to exceed 36 months. A Purchase of Military Service Installment Payment Agreement will be included as an option when the cost invoice is mailed.

Credit for military service may NOT be used to meet eligibility requirements for disability benefits, survivor benefits, or any regular retirement benefits based on service credit of 20 years or less.

Service credit may not be purchased for any regular military service for which the member is drawing a military retirement benefit based on age and service. This restriction shall not apply to members who are drawing a disability benefit based on 25 percent or less disability received as a result of military service, or for members who are drawing a military retirement benefit for nonregular service (state national guard, coast guard, or reserves) for which retirement points are assigned if the nonregular service was prior to TRSL membership.

Please attach copy of Form DD-214 or discharge papers for active-duty service or official copy of retirement points awarded by military branch for reserve service.

I hereby request the cost, under the provisions of LSA-R.S. 11:153, to purchase service credit up to a maximum of four years for military service. I also certify that I am not drawing a retirement benefit based on regular military service calculated on the basis of age and service or a partial military disability benefit in excess of 25 percent. I have read and understand the information given above.

Applicant's signature and Date signed fields.

Reverse side to be completed by current employer

Applicant's Social Security number

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Section 2 — Certification to be completed by current employer(s)

(1) Name of employer (full-time employer)	Employer number				
	<table border="1"><tr><td></td><td></td><td></td><td></td></tr></table>				

Street / P.O. Box

City, state, zip

Current full-time earnings and all other earnings (PIP, overtime, extra pay, etc.) \$ _____

Signature of certifying official	Date signed (mm-dd-yyyy)
	

Title

(2) Name of employer (dual employer, if applicable)	Employer number				
	<table border="1"><tr><td></td><td></td><td></td><td></td></tr></table>				

Street / P.O. Box

City, state, zip

Current full-time earnings and all other earnings (PIP, overtime, extra pay, etc.) \$ _____

Signature of certifying official	Date signed (mm-dd-yyyy)
	

Title