



Teachers' Retirement System of Louisiana

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Form 9C (01/19)

03-9C

Application for Purchase of U.S. Dependent School Teaching Service

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 current employer. Section 3 must be completed by the employer for whom the service was rendered. 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 with fields for Name, Social Security number, Street/PO Box, City, state, zip, Date of birth, Daytime telephone, Evening telephone, and Email address.

Under the provisions of Louisiana Revised Statute 11:728F, any member who has taught the equivalent of kindergarten through high school classes at any United States military base may purchase credit for such service rendered during that period, for which credit has not otherwise been given.

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 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, and request the cost, under the provisions of LSA-R.S. 11:728F, to purchase service credit for teaching service at a United States military base. I also certify that credit has not otherwise been given on this service. I have read and understand the information given above.

Form with fields for Applicant's signature and Date signed.

Reverse side to be completed by employer(s)

Applicant's Social Security number

Section 2 — Certification to be completed by current employer

Name of employer	Employer number <input type="text"/>
Street/PO 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	

Section 3 — Certification to be completed by employer certifying service to be purchased

Name of employer	Daytime telephone (with area code)
Street/PO Box	
City, state, zip	

Does the applicant have credit for this service under any supplemental retirement or pension plan which was funded wholly or partly from public funds other than Social Security? No Yes If yes, please provide the name of the plan: _____

Source document(s): Official payroll records Official personnel records

Certification of service rendered (DO NOT subtract paid sick leave from total of days worked.)

Fiscal year (7/1-6/30)	School or school district	Actual salary earned (if available)	Full-time earnings (if avail- able)	Hours worked per day	Hours in a full day	Months of employ- ment	Days worked and/ or days paid	Days per full contract year	Days of approved leave w/o pay
19 <u>78</u> - 19 <u>79</u>	XXX DODS	\$12,000	\$12,000	7	7	9	180	180	0

Printed name of certifying official	Email address	Phone number
Signature of certifying official	Title	Date signed (mm-dd-yyyy)

*Full-time earnings equal the salary that would have been earned had the employee worked the full year (including PIP, extra earnings, etc.)