



# Application for Purchase of Military Service (Form 9B)

**03-9B**  
rev. 12/23

HOW TO SUBMIT:	DROP OFF or MAIL IN	EMAIL	FAX
	8401 United Plaza Blvd, Ste 300 Baton Rouge LA 70809	<i>web.master@trsl.org</i>	(225) 925-6366

Active military duty       Active National Guard       National Guard/Coast Guard/Reserve

**Print in ink or type all entries except signatures.** Submit application to 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. Incomplete forms will be returned to the applicant.

### Section 1 — Member information (to be completed by applicant)

Name: Last, first, MI, suffix (Jr., III, etc.)	Date of birth (mm/dd/yyyy)	Social Security number (###-##-####)
Street address / PO box	City, state, zip	
Daytime telephone (include area code)	Email address	

Louisiana law allows TRSL members to purchase up to four (4) years of service credit for military service, provided members were honorably discharged. *LSA-R.S. 11:153*

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: \_\_\_\_\_

**There is a \$200 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:	<i>Included in \$200 fee</i>	<i>Additional \$50 fee required</i>
	Cost calculation #1: _____ years	Cost calculation #2: _____ years

**Important information about military service and service credit:** Credit for military service cannot 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 cannot 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% 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.

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

**Submit Form DD-214:** 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 authorize the release of all information necessary to verify service to be purchased with TRSL. Furthermore, I hereby request the cost to purchase service credit up to a maximum of four (4) 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%. I have read and understand the information given above.*

Applicant signature (DO NOT PRINT OR TYPE)	Date (mm/dd/yyyy)
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**Reverse side to be completed by current employer**

Social Security number

**Section 2 - Current employer(s) — to be completed by current employer(s)**

Name of employer (full time)	TRSL agency number (####)
Street / PO box	City, state, zip

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

Signature of certifying official (DO NOT PRINT OR TYPE)	Title	Date (mm/dd/yyyy)
▶		

Name of employer (dual employer, if applicable)	TRSL agency number (####)
Street / PO box	City, state, zip

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

Signature of certifying official (DO NOT PRINT OR TYPE)	Title	Date (mm/dd/yyyy)
▶		