



Application for Purchase of In-State Service (Form 9)

03-9
rev. 02/22

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

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. Section 3 must be completed by the employer for whom the service was rendered or by whom the leave was granted. The time frame for which service is to be purchased must be provided so that the employer can certify employment. 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 (xxx-xx-xxxx)
Street address / PO box	City, state, zip	
Daytime telephone (include area code)	Email address	

Type of service to be purchased:

Official leave (must be active and contributing)
 Sabbatical leave
 Local/state governmental service: _____
 Substitute teaching service
 Other creditable service: _____

NOTE: To purchase in-state private service or in-state non TRSL-participating charter school service, please use Form 9E.

Period of time to purchase: From (mm/yyyy) _____ To (mm/yyyy) _____

If you have additional service you wish to purchase, please list type of service 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.

I would like the cost of purchasing:	Included in \$150 fee	Additional \$50 fee required
	Cost calculation #1 _____ years	Cost calculation #2 _____ 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 Teachers' Retirement System of Louisiana (TRSL).

Applicant signature (DO NOT PRINT OR TYPE)	Date (mm/dd/yyyy)
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Section 2 — Current employer certification (to be completed by current employer(s))

Name of employer (full time)	Employer number	
Street / PO box	City, state, zip	
Current full-time earnings and all other earnings (PIP, overtime, extra pay, etc.) \$ _____		
Authorized signature (DO NOT PRINT OR TYPE)	Title	Date (mm/dd/yyyy)

Reverse to be completed by employer(s)

