



Application for Purchase of Out-of-State Public School Employment (Form 9A)

03-9A

rev. 07/26

HOW TO SUBMIT:	DROP OFF or MAIL IN	UPLOAD	EMAIL	FAX
	8401 United Plaza Blvd, Ste 300 Baton Rouge LA 70809	Scan and upload at www.myTRSL.org	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 employer for whom the service was rendered. Section 3 must be completed by the appropriate retirement system. 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 (###-##-####)
Street address / PO box		City, state, zip	
Daytime telephone (include area code)		Email address	
Name(s) under which service was rendered (if different from above)			
Period of time to purchase		Employer	
From (mm/yyyy) To (mm/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

Under Louisiana law, TRSL members cannot obtain more than one year of service credit during any fiscal year. LSA-R.S. 11:701(9)

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:	Included in \$200 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 2 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)



Applicant must forward form to out-of-state employer for completion of Section 2 on the reverse side.

PO Box 94123 • Baton Rouge, LA 70804-9123 • 1-877-ASK-TRSL (1-877-275-8775) • www.TRSL.org • web.master@trsl.org

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Section 2 Out-of-state certification *(to be completed by out-of-state employer)***DO NOT** list student employment. Louisiana law prohibits student employment service credit in TRSL. LSA-R.S. 11:753**DO NOT** subtract paid sick leave from total of days worked.

*Begin/end dates of employment for each fiscal year (7/1 - 6/30/xxxx)	School or school district	Actual salary earned (if available)	**Full-time earnings (if available)	Hours worked per day	Hours in a full day	Months of employment	Days worked and/or days paid	Days per full contract year	Days of approved leave without pay	Full or part-time employee? (Full or P/T)
8/16 - 6/30/2015	XXXXX PSB	\$6,000	\$12,000	7	7	9	90	180	90	Full

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	Name of out-of-state employer	Date (mm/dd/yyyy)
Signature of certifying official (DO NOT PRINT OR TYPE)	Street / PO box	City, state, zip
Title	Daytime telephone (include area code)	Email address

After completing Section 2, please forward to the appropriate public retirement system for completion of Section 3 below.**Section 3** Out-of-state retirement system *(to be completed by 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.

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

Printed name of certifying official	Name of public retirement system	Date signed (mm/dd/yyyy)
Signature of certifying official (DO NOT PRINT OR TYPE)	Street / PO box	City, state, zip
Title	Daytime telephone (include area code)	Email address

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