



Application for Purchase of U.S. Dependent School Teaching Service (Form 9C)

03-9C

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 current employer. Section 3 must be completed by the employer for whom the service was rendered. 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 any member who has taught the equivalent of kindergarten through high school classes at any United States military base to purchase credit for such service rendered during that period, for which credit has not otherwise been given. *LSA R.S. 11:728F*

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 \$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 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 the Teachers' Retirement System of Louisiana (TRSL), and request under the provisions of LSA-R.S. 11:728F, the cost to purchase service credit for teaching service at a U.S. military base. I also certify that credit has not otherwise been given on this service. I have read and understand the information given above.

Applicant signature (DO NOT PRINT OR TYPE)

Date (mm/dd/yyyy)



Section 2 — Current employer certification *(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.) \$ _____		
Authorized signature (DO NOT PRINT OR TYPE)	Title	Date (mm/dd/yyyy)

**Reverse also to be completed by employer(s)**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 3 Service purchase certification (to be completed by employer certifying service to be purchased)

Daytime telephone (include area code)

City, state, zip

If yes, please provide the name of the plan:

☐ Official personnel records

Certification of service rendered

Fiscal year (7/1-6/30)	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 employ- ment	Days worked and/or days paid	Days per full contract year	Days of approved leave without pay
8/16 - 6/30/2015	XXXXX DODS	\$6,000	\$12,000	7	7	9	90	180	90
Printed name of certifying official				Email address			Phone number (include area code)		
Signature of certifying official (DO NOT PRINT OR TYPE)				Title			Date (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.)*

Please return this form to the Teachers' Retirement System of Louisiana