



LOUISIANA SCHOOL EMPLOYEES' RETIREMENT SYSTEM

Application for Purchase of Service

Prior to submitting this application, you may contact LSERS for a minimum cost estimate amount to determine if you want to pay the \$125 actuarial fee for an official cost. Once you submit this application, you must include a non-refundable \$125 actuarial fee for all purchase types except refunded service. For all types of service purchases, other than refunded, please provide the dates of service and the salary applicable to the dates.

Section 1 - Member Information

Last Name	First Name	MI	Suffix	Social Security Number
Address (Street/P. O. Box)				Date of Birth (Enter as MM/DD/YYYY) / /
City, State, and Zip Code				Primary Telephone Number
Email Address				Secondary Telephone Number

Section 2 - Service Type

Name(s) under which service was rendered, if different from above: _____

Years Employed		Previous Employment Information	
From (MM/DD/YYYY)	To (MM/DD/YYYY)	State and School District	Position held

Refunded Service to Reciprocate/Transfer - Name of system to which you are currently contributing: _____

In-State: Leave Without Pay (LWOP) Involuntary Furlough School Board Employment Private Full-time Employment

Out-of-State: Full-time Employment Private Full-time Employment

Military*: Active Duty Non-Regular USERRA *attach DD-214 or other documentation

Section 3 - Purchase Information and Member Signature

In addition to the cost to purchase the total service credit allowable, I request a cost for the increments listed below.

1. Portion equal to _____ years
2. Portion equal to _____ years
3. Portion equal to _____ years

I hereby authorize the release of all information necessary to satisfy this request to the Louisiana School Employees' Retirement System (LSERS).

Signature of Member (Do not print or type)

Date Signed (MM/DD/YYYY)

Section 4 - Employer Certification (required for all purchases other than refunded)

Agency Name

Current Fiscal Year Salary Certification

Signature of Agency Representative (Do not print or type)

Title of Agency Representative

Date Signed (MM/DD/YYYY)

Applicant's Name:

Section 5 - Service Certification (in-state or out-of-state)

Fiscal year (7/1 - 6/30)	School or school district	Actual salary earned	Full-time earnings	Hours worked per day	Hours in full day	Months of contract	Days paid	Days per full contract	Days of LWOP

Did the applicant receive credit for this service under any retirement system? Yes No

If yes, please provide the name of the system: _____

Does the applicant have credit for this service under any supplemental retirement or pension plan which was funded entirely or partially from public funds other than Social Security? Yes No

If yes, provide the name of the plan: _____

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

Name of Employer	Telephone Number
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Address (Street/P. O. Box)

City, State, and Zip Code

Signature of Certifying Official (do not print or type)	Title	Date Signed (MM/DD/YYYY)
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Section 6 - Out-of-state Retirement System Certification

This applicant is an active member of LSERS 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 retirement system. Complete this section regarding the applicant's membership in your system.

1. Is this applicant receiving or entitled to receive a benefit from your system based on the service credit certified in Section 5? Yes No

2. Has this applicant withdrawn contributions for the service certified in Section 5? Yes No

Name of Public Retirement System	Telephone Number
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Address (Street/P. O. Box)

City, State, and Zip Code

Signature of Certifying Official (Do not print or type)	Title	Date Signed (MM/DD/YYYY)
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Instructions: Application for Purchase of Service

LSERS will provide an estimate of the minimum amount to purchase service (excluding military) free of charge prior to submitting this application. Simply tell us the dates of service and salary applicable to those dates. If you want to proceed with an official actuarial calculation, complete and submit this application along with the required \$125 fee to LSERS. We suggest this be done at least six months prior to applying for any type of retirement. This fee may be paid by personal check, cashier's check, certified check or money order, made payable to LSERS. If interested in purchasing active duty or non-regular military service, the application and \$125 fee are required, as LSERS cannot estimate a minimum cost for these types of service.

Sections 1, 2, and 3 must be completed by the member. Section 4 must be completed by the current employer if electing to purchase any time other than refunded service.

Section 1 - Member Information

Provide the information as requested.

Section 2 - Service Type

To learn more about the specific service credit types, refer to [Fact Sheet 6 Purchase of Credit](#).

For military service purchases, a 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 must be attached.

Section 3 - Purchase Information and Signature of Member

LSERS will provide a cost calculation for the total service credit. If desired, portions of the total service credit can also be calculated. Note portions in the spaces provided which you want considered. Sign and date.

Section 4 - Employer Certification

This section is required for all purchases except refunded service and is to be completed by your current employer.

Section 5 - Service Certification

This section must be completed by the previous employer where service was rendered.

Section 6 - Out-of-state Retirement System Certification

This section must be completed by the appropriate retirement system, if applicable.