OUT-OF-STATE SERVICE CREDIT

Who qualifies to purchase Out-of-State Service?

Section 5304(c) of the State Employees' Retirement Code allows for the crediting of **certain** out-of-state service credit:

- If you have been a **continuous member of SERS since prior to August 5, 1991**, you must have credited service in SERS as an **officer or employee of the Department of Education or as an administrator, teacher, or instructor in any State-owned educational institution (a university under the State System of Higher Education) or The Pennsylvania State University.**

- If you became a **member of SERS on or after August 5, 1991, you must have credited service in SERS as an academic administrator, teacher or instructor in the Department of Education, any State-owned educational institution or The Pennsylvania State University and the service you are requesting must have been non-student service as an academic administrator, teacher or instructor.**

- The service you are requesting **must have been rendered in a public school or public educational institution** in any state other than Pennsylvania or any territory or area under the jurisdiction of the United States. In addition, non-student service as an academic administrator, teacher or instructor **in the field of education for any agency or department of the government of the United States** can be considered.

- The total amount of service creditable under this section cannot exceed the lesser of ten years or the number of years of active membership in the system as an academic administrator, teacher or instructor in the Department of Education, State System of Higher Education, any State-owned educational institution or the Pennsylvania State University.

How much will it cost?

Details concerning the formula used in the purchase of out-of-state service can be found in the ***Provisions for the Purchase of Service pamphlet***.

What if I have questions?

If you wish to discuss the purchase of out-of-state service credit with a Retirement Counselor, please telephone 1-800-633-5461. Your counselor will be able to advise you regarding your request and how such a purchase would impact a retirement benefit with this system.

How do I apply?

- **A separate out-of-state application must be submitted for each out-of-state institution**

- After you complete the **member data information**, forward the entire application to the public school or public educational institution where you rendered the service for their completion.

- After the public school or public educational institution completes their information, they must forward the entire application to the Retirement System where you would have been a member for their completion.

- After the out-of-state Retirement System completes their information, they must return the entire application to you. Upon your receipt, **forward it to the Membership Services Division at the address listed on the *Request for Out-of-State Service Credit*.**

Invoice of Amount Due

Upon receipt of your completed form, the Membership Services Division will prepare an Invoice of Amount Due. **If you are retiring in the near future, please provide this information when submitting your request.**

An Invoice of Amount Due will not be prepared until the State Employees' Retirement System is in receipt of all the necessary information. In the majority of cases, members can expect to receive their Invoice of Amount Due within 1-2 months from receipt.

If you are deemed ineligible to make the requested purchase or the service is not purchasable, you will receive a denial letter. You will be provided appeal rights. Information concerning your appeals rights can be found on Page 10 of the ***Member Handbook***.

COMMONWEALTH OF PENNSYLVANIA
STATE EMPLOYEES' RETIREMENT SYSTEM
30 NORTH THIRD STREET, SUITE 150
HARRISBURG, PENNSYLVANIA 17101-1716
TOLLFREE: 1-800-633-5461
www.sers.state.pa.us

◆ REQUEST FOR OUT-OF-STATE SERVICE CREDIT ◆

MEMBER DATA INFORMATION

Member must complete the following:			
Name First	Middle	Last	SS#
Home Address			Home Telephone
City	State	ZIP Code	Work Telephone
Former name(s), if applicable			

OUT-OF-STATE INSTITUTION

Name of Out-of-State Institution		
Street Address		
City	State	ZIP Code

Dates being requested

FROM	TO

I hereby authorize the above named institution to provide the requested information to the State Employees' Retirement System.

Member's Signature _____ Date _____

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PUBLIC SCHOOL INFORMATION

Public School must complete the following:	
Name First **Middle** **Last**	**SS#**

1. Do the laws of your state consider your institution a public school or public educational institution?

   ☐ Yes ☐ No

2. If your institution is not a public school or public educational institution, is it an agency of the United States Government?

   ☐ Yes ☐ No

3. If the answer to Question 2 is "Yes", is your agency's **primary responsibility** in the **field of public education**?

   ☐ Yes ☐ No

4. Please list the actual dates of employment, position titles, whether the service was full-time or part-time, faculty or non-faculty, the number of months worked, and the percentage of time worked for each period of employment:

FROM	TO	POSITION TITLE	STATUS		FACULTY OR NON-FACULTY		NUMBER OF MONTHS WORKED	CREDITS TAUGHT PER SEMESTER	% OF TIME WORKED
			FULL TIME	PART-TIME	FACULTY	NON-FACULTY			
			☐	☐	☐	☐			
			☐	☐	☐	☐			
			☐	☐	☐	☐			
			☐	☐	☐	☐			
			☐	☐	☐	☐			
			☐	☐	☐	☐			

5. During the above periods, what was the number of months in your school year? _____ (Months)

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PUBLIC SCHOOL INFORMATION (CONTINUED)

Public School must complete the following:	
Name First **Middle** **Last**	**SS#**

6. Was the applicant a student during any of the above periods?

☐ Yes ☐ No

If so, when: _____

7. Did the applicant receive compensation for all of the above periods?

☐ Yes ☐ No

8. Was the applicant's employment during any of the above periods part of a financial aid package?

☐ Yes ☐ No

9. If the applicant received compensation, were deductions taken for Federal, State and Local Income Taxes?

☐ Yes ☐ No

10. Was the applicant considered part of the regular faculty?

☐ Yes ☐ No

11. Did the applicant receive academic credit for the teaching aspect of any of the above service?

☐ Yes ☐ No

If so, when: _____

I certify that the above information is correct and true according to the institution's records.

Signature	**Printed Name**
Name of Public School	**Email**
School's Street Address	**Telephone Number (Include area code)**
School's City **State** **ZIP Code**	**Date**

Please provide a job description if the position held was other than a teacher, academic administrator, or instructor. This job description should be the job description that was in effect for each of the above periods that the applicant rendered services to your institution. Please forward all pages of this application to the retirement system that the applicant may have contributed to for completion.

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RETIREMENT SYSTEM INFORMATION

Retirement System must complete the following:	
Name First **Middle** **Last**	**SS#**

1. Did the applicant participate in your retirement plan?

☐ Yes ☐ No

2. Did the applicant accumulate sufficient time to qualify for a retirement allowance under your plan?

☐ Yes ☐ No

3. Is the applicant currently receiving a retirement benefit from your plan?

☐ Yes ☐ No

4. Is the applicant eligible to receive a retirement benefit from your plan in the future?

☐ Yes ☐ No

5. Did the application forfeit a right to a retirement allowance?

☐ Yes ☐ No

6. Did the applicant withdraw all of his/her contributions?

☐ Yes ☐ No

Date of Withdrawal: _____

I certify that the above information is correct and true according to the institution's records.

Signature	**Printed Name**
Name of Retirement System	**Email**
Retirement System's Street Address	**Telephone Number (Include area code)**
Retirement System's City **State** **ZIP Code**	**Date**

Retirement System: Please forward the entire completed application to the applicant's home address listed on Page 1 of this application.