

Other Massachusetts Public Service

Part 1 of 2: To be completed by applicant

INSTRUCTIONS TO APPLICANT

If you were employed by a Massachusetts public employer and, during your employment you were not a member of a Massachusetts Contributory Retirement System or you refunded your prior contributions, you may be eligible to purchase credit for your prior service as creditable service towards your SBRS retirement. To apply to purchase your prior service, please

1. COMPLETE All sections in Part 1, and just Section 1 of Part 2.
2. For completion of the remainder of Part 2, CONTACT the payroll or business office of your prior Massachusetts governmental unit in which your service was rendered (the unit named in line (j) below), and ASK an official representative there to complete Part 2 and return the form to you.
3. REVIEW Parts 1 and 2 to ensure that all have been COMPLETED IN FULL and signed.
4. MAKE a copy of your completed application for your records.
5. To preserve your right to purchase this service at the lower, buyback interest rate, you must submit at least Part 1 of this application to the SBRS on or before APRIL 2, 2013. You will then have until October 2, 2013, to submit Part 2. If you do not submit Part 2 by October 2, 2013, you will lose the right to pay buyback interest and will have to pay the higher, actuarial interest rate.

Part 1, Section 1

APPLICANT DATA, STATEMENT AND SIGNATURE

- a) Social Security number
- b) Employee Identification number ,if known Not known
- c) Name
- d) Former/Maiden name, If applicable
- e) Mailing address
City
State Zip
- f) Phone number
- g) E-mail
- h) Are you currently employed by a City of Boston employer? No Yes. If "Yes":
Name of current Employer
Current City of Boston employment status Active Inactive
- i) Do you anticipate retiring within the next six months? No Yes
- j) Governmental unit in which this past service was rendered
- k) Approximate period of service. mm/dd/yyyy From To
- l) For our processing purposes, are you applying to purchase service rendered in additional other Massachusetts governmental units? No Yes

I, the above-named member of the State Boston Retirement System, hereby apply to purchase prior Other Massachusetts Public Service. I understand that if I wish to purchase this service, I must: have Part 2 of this application completed by a representative from my prior governmental employer. Additionally, I understand that I must pay the total amount due before my date of retirement from the SBRS. I certify under the penalties of perjury that the information I have provided here is true and accurate.

Signature X Date

Other Massachusetts Public Service

PART 2, SECTION 1

Part 2 of 2: Sections 2-5 to be completed by payroll official of governmental unit

APPLICANT DATA

Instructions to applicant:
 Please provide your personal data and then forward these two pages to the payroll official of the governmental unit in which you rendered your prior service for completion of Part 2.

a) Name of applicant			
b) Social Security number			
c) Former/ maiden name			
d) Mailing address			
	City		
	State		ZIP
e) Phone number			
f) Email			
g) Governmental unit in which past service was rendered			
h) Period of Service	From		To

The payroll officer will then return these completed pages to you, and you are responsible for forwarding Part 1 and 2 to the SBRS in order to apply to purchase this service.

INSTRUCTIONS TO PAYROLL OFFICIAL OF MASSACHUSETTS GOVERNMENTAL UNIT

The member of the State Boston Retirement System named above wishes to apply to purchase credit for his or her service rendered with your governmental unit. At this time, the member and the SBRS respectfully request that you please complete Part 2 of the application, as follows:

- 1) Verify that the applicant was employed by your unit during the period listed in (h), above.
- 2) Complete sections 2 through 5, below, and make a copy of these two pages for your records.
- 3) Return the originals of these two pages directly to the applicant. It is then the applicant's responsibility to submit his or her application to the SBRS. If you have any questions, please contact us at 617-635-4311. Thank you for your assistance!

PART 2, SECTION 2

SERVICE RENDERED ON DAILY OR HOURLY BASIS

Please use this section to report temporary or part-time service rendered in your governmental unit by the applicant. Use this section to report periods of service rendered on a daily, hourly or weekly basis; report any period of service rendered on an annual contract basis in Part 3. If additional space is needed, please make a photocopy of this page and continue.

List the service in chronological order, beginning with the oldest service and ending with the member's most recent service Please report all of his or her past temporary or part-time service with your governmental unit.

Month and year in which service was rendered	Member's title or position during service	FOR SERVICE RENDERED ON A (N) :						Gross amount paid for month
		DAILY BASIS Provide the total number of days and daily rate		HOURLY BASIS provide the total number and hourly rate.		WEEKLY BASIS provide the total number of weeks and weekly salary		
		Number of days	Daily Rate	Number of hours	Hourly Rate	Number of weeks	Weekly Salary	
/			\$		\$		\$	\$
/			\$		\$		\$	\$
/			\$		\$		\$	\$
/			\$		\$		\$	\$

PART 2, SECTION 3

SERVICE RENDERED UNDER THE TERMS OF AN ANNUAL CONTRACT

Please use this section to report ALL previous periods of service rendered on an annual contract rate basis (as opposed to a daily, hourly or weekly basis). If additional space is needed, please make a photocopy of this page and continue.

Period during which service was rendered		Member's title or position during service	Percentage of Full Time	Employee Status		Annual Contract Rate	Gross Amount Paid
From mm/dd/yyyy	To mm/dd/yyyy			Check One	Temp		
/ /	/ /		%			\$	\$
/ /	/ /		%			\$	\$
/ /	/ /		%			\$	\$
/ /	/ /		%			\$	\$
/ /	/ /		%			\$	\$

PART 2, SECTION 4

ADDITIONAL EMPLOYMENT INFORMATION

a) Were retirement contributions made based upon this service?

Yes No Don't know

b) What was the member's employment status during this service?

Employee Consultant/Vendor
 Other

PART 2, SECTION 5

STATEMENT AND SIGNATURE OF GOVERNMENTAL UNIT'S PAYROLL OFFICIAL

I certify that the information I have provided above is true and accurate.

Signature of payroll department official

Date

Name (please print)

Title

Governmental Unit/agency

Address

City

State

Zip

Phone

Fax

E-mail

REMINDER: Please return these two ORIGINAL pages directly to the applicant, not the SBRS. Thank you!