



PUBLIC EDUCATION EMPLOYEE  
RETIREMENT SYSTEM OF MISSOURI

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Jefferson City, MO 65102-0268  
(573) 634-5290 or  
Toll Free: (800) 392-6848  
Fax: (573) 634-7934  
Email: psrspeers@psrspeers.org  
Website: www.psrs-peers.org

## SOCIAL SECURITY-COVERED EMPLOYMENT PURCHASE

### Q. How is the cost to purchase service for Social Security-covered employment calculated?

- A. The cost of Social Security-covered employment is calculated by multiplying your highest PEERS salary by the current contribution rate and by the years of service you wish to purchase.

The cost of any remaining service for which you have applied but not yet paid is recalculated each October 1 using your highest PEERS salary rate on record and the current contribution rate.

### Q. Am I eligible to purchase Social Security-covered employment?

- A. Yes, if:

- You were employed at least 20 hours per week on a regular basis in Social Security-covered employment while age 18 or older.
- You are vested with PEERS.
- You returned to PEERS-covered employment after your Social Security-covered employment.
- You do not have service with any other public retirement system for the employment (except Social Security and military service).
- You have submitted to PEERS your Itemized Statement of Earnings issued by the Social Security Administration for the period of employment you wish to purchase. See the Social Security Administration's website, <http://www.ssa.gov>, for details on how to obtain your Itemized Statement of Earnings.
- You have not received an actuarial value cash-out in lieu of a monthly benefit.

### B. Will the purchase of Social Security-covered employment vest my PEERS membership?

- A. No. Social Security-covered service is included in the calculation of your monthly benefit, but is not used to vest your membership. You cannot apply for this purchase until you are vested.

### Q. How much Social Security-covered employment can I purchase?

- A. You can purchase any or all Social Security-covered employment provided that you have earned equivalent service for PEERS-covered employment at retirement.

The IRS limits each individual to a maximum of five years purchased with after-tax funds when purchasing non-qualified service (supplemental service or service for Social Security-covered employment).

You can purchase service in increments as small as one, one hundred thousandth (0.00001) of a year. Multiple applications are allowed. In most cases, the total of all service purchased with PEERS cannot exceed the total service you have earned at termination of membership by retirement, death or refund.

We reserve the right to contact previous employers to verify your dates of employment.

### Q. How can I pay for Social Security-covered employment?

- A. You can pay by personal check, cashier's check or money order made payable to **PEERS of Missouri**. You can also pay using an eligible rollover distribution or in-service trustee-to-trustee transfer. Please see the **Rollover/Transfer Certification Information Sheet** for details. Payment cannot be made through payroll deduction.

Purchase funds and service will be applied to your membership upon receipt of payment. Payments for purchases of service will not be refunded. If you make partial payment and your membership ends, you will be granted proportional service.

### Q. What is my payment deadline?

- A. Payment for service must be received prior to your PEERS retirement date in order for it to be included in the calculation of your retirement benefit. The purchase application remains open until it is paid in full or your membership ends due to retirement, death, refund or absence from covered employment if not vested.

For additional information, call PEERS toll free (800) 392-6848.



## APPLICATION TO PURCHASE SOCIAL SECURITY-COVERED EMPLOYMENT

This application *must* be filed with PEERS prior to your retirement date.

- Please complete and return this form, with a copy of your Itemized Statement of Earnings issued by the Social Security Administration, to PEERS at the address above.
- NOTE: Public employment must be verified. If the employment you wish to purchase is with a public employer, please forward this application to the retirement system to complete Section C.
- Make sure you sign the application.
- Please keep a copy for your records.

You will receive an official cost from PEERS after the completed application is processed.

### SECTION A MEMBER INFORMATION

First Name		Middle Name		Last Name	
Account ID (or Last 4 Digits of Social Security Number)			Member ID		Telephone ( )
Mailing Address			City	State	ZIP
Email Address					

### SECTION B SOCIAL SECURITY-COVERED EMPLOYMENT INFORMATION

Please list the dates (month, day and year are required) of Social Security-covered service you wish to purchase, as well as the name of each employer. If additional lines are needed, please make a copy of this form and attach. You must sign and date all attachments.

	START DATE OF SOCIAL SECURITY- COVERED EMPLOYMENT (MONTH/DAY/YEAR)	END DATE OF SOCIAL SECURITY- COVERED EMPLOYMENT (MONTH/DAY/YEAR)	EMPLOYER NAME	PUBLIC OR PRIVATE EMPLOYMENT? (If public, Section C must be completed by the retirement system.)
1				
2				
3				
4				
5				

### SECTION C RETIREMENT SYSTEM VERIFICATION OF EMPLOYMENT

**This section should be completed by the retirement system *only* if the employment was for a public employer.**

**Member Instructions:** If you have service with another public retirement system (except Social Security or a military pension) for the periods of employment listed above, please forward this form to the other retirement system for completion of the following Retirement System Verification of Employment. If you were covered by more than one public retirement system, please make a copy of this form or request additional forms from PEERS and forward to each retirement system.

**Retirement System Instructions:** The member wishes to purchase service established with your system with PEERS. PEERS allows the purchase of service if the member has forfeited the service and is not eligible for a benefit. Please answer the following questions and **return the completed form to the member. As required below, please select "Y" for yes and "N" for no.**

<input type="checkbox"/>	<input type="checkbox"/>	Was the applicant a member of your retirement system?
		If yes, type of plan (select one): <input type="checkbox"/> Defined Benefit Plan (401(a)) <input type="checkbox"/> Defined Contribution Plan (457(b), 403(b), etc.)
<input type="checkbox"/>	<input type="checkbox"/>	Is the applicant receiving or entitled to receive a benefit from your system for service established with your system?
<input type="checkbox"/>	<input type="checkbox"/>	Did the applicant receive an actuarial value cash-out in lieu of a monthly benefit?
		If yes, indicate date: _____
<input type="checkbox"/>	<input type="checkbox"/>	Was this contributory employment?
		If yes, has the applicant received a refund of contributions? <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/>	<input type="checkbox"/>	Was the employment for at least 20 hours per week?

Please list the start and end dates and amount of service associated with each period of covered employment for this applicant. If additional lines are needed, please make a copy of this form and attach. You must sign and date all attachments.

START DATE OF SOCIAL SECURITY-COVERED EMPLOYMENT (MONTH/DAY/YEAR)	END DATE OF SOCIAL SECURITY-COVERED EMPLOYMENT (MONTH/DAY/YEAR)	SERVICE FORFEITED? (YES OR NO)

Name of Retirement System

Mailing Address Telephone (     )

Signature of Certifying Official (REQUIRED) **X** Date

Printed Name and Title Email Address

**SECTION D MEMBER PURCHASE SELECTION (Please Select One)**

- I choose to purchase all of my Social Security-covered employment.
- I choose to purchase \_\_\_\_\_ year(s) of my Social Security-covered employment.

**SECTION E MEMBER CERTIFICATION**

I certify that:

- The information on this application is true and correct to the best of my knowledge.
- I was employed to serve at least 20 hours per week on a regular basis for the period(s) of employment claimed on this application.
- I do not have service for the above listed period(s) with any other retirement system except Social Security.

I understand:

- Filing an *Application to Purchase Social Security-Covered Employment* does not create a contractual obligation on my part to complete payment.
- If service for this employment is on record with another retirement system, I understand that this application is not valid until PEERS has verified the forfeiture of the service.
- This application remains open until paid in full or termination of my PEERS membership through my retirement, death or refund.
- The cost of any remaining service for which I applied but have not paid by September 30 will be recalculated each October 1 using the contribution rate in effect and my highest PEERS salary.
- Payment must be received prior to my PEERS effective retirement date in order for it to be included in the calculation of my retirement benefit.
- Payments for service purchases will not be refunded.
- If partial payment is made, proportional service will be granted.
- Missouri law does not permit the combined total of all types of purchased service to exceed in length the service earned in PEERS-covered employment.
- The IRS limits each individual to a maximum of five years of non-qualified service purchased with after-tax funds.

Member Signature (REQUIRED) **X** Date