

PO Box 268 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

# PURCHASE OF PUBLIC SCHOOL EMPLOYMENT AT SCHOOLS NOT COVERED BY PSRS

## Q. How is the cost to purchase service for public school employment calculated?

A. The cost of public school service is calculated by multiplying your highest PSRS salary by the current contribution rate and 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 PSRS salary and the current contribution rate.

### Q. Am I eligible to purchase public school service not covered by PSRS?

#### A. Yes, if:

- You were employed at least 20 hours per week on a regular basis in a non-PSRS-covered public school or any public two- or four-year college or university.
- You have at least one year of PSRS service.
- You returned to PSRS-covered employment after your public school service.
- You do not have service with any other retirement system for the employment (except Social Security).
- You have not received an actuarial value cash-out in lieu of a monthly benefit.

#### Q. Will the purchase of public school service count toward vesting my PSRS membership?

A. Yes.

# Q. How much public school service can I purchase?

A. You can purchase any or all service with a public school, provided you have earned equivalent service for PSRS-covered employment at the time of your retirement.

If service was established with a retirement system, you may purchase the service on a year-for-year basis provided you have forfeited the service with that retirement system, except by actuarial value cash-out, and you are not eligible for benefits because of the service. Additionally, you cannot have service established with PSRS for the same time period.

If no service is established with another retirement system for the service, the purchase allowed is based on the hours served in the position.

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 PSRS cannot exceed the total service you have earned at termination of membership by retirement, death, refund or absence from covered employment if not vested.

#### Q. How can I pay for public school service?

A. You can pay by personal check, cashier's check or money order made payable to *PSRS of Missouri*. You may also pay using an eligible rollover distribution or in-service trustee-to-trustee transfer. Please see the *Rollover/Transfer Certification Information Sheet* for details. You cannot pay 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 PSRS 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 PSRS toll free (800) 392-6848.



PO Box 268 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

# APPLICATION TO PURCHASE PUBLIC SCHOOL EMPLOYMENT AT SCHOOLS NOT COVERED BY PSRS

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

- Please complete Sections A and B of this form. If you earned service with another public retirement system (except Social Security
  or a military pension) for the periods of employment listed in Section B, please forward this form to the other retirement system(s)
  for completion of Section C. If not, forward the form to your employer(s) for verification (Section D).
- Make sure you sign the application.
- Please keep a copy for your records.

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

		or and compr	eted approduced i	o pro								
SECTION A MEMBER INFORMATION												
First Name		Middle Name				Last Nar	Last Name					
Account ID (or Last 4 D	mber) Member ID					Telephone						
Mailing Address		City State			State		ZIP					
Email Address												
SECTION B PUBLIC SCHOOL EMPLOYMENT INFORMATION												
Please list the dates of public school employment 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 (MONTH/DAY/YEAR	END DATE (MONTH/DAY/YEAR		EMPLOYER NAME									
SECTION C RETIREMENT SYSTEM VERIFICATION OF EMPLOYMENT												
Retirement System Instructions: PSRS allows the purchase of service established with your system, if forfeited and not eligible for a benefit.  Please complete and return this form to the member. As required below, please select "Y" for yes and "N" for no.												
YN			71									
Was the applicant a member of your retirement system?												
If yes, type of plan (select one):  Defined Benefit Plan (401(a))  Defined Contribution Plan (457(b), 403(b), etc.)												
Is the applicant receiving/entitled to receive a benefit for service established with your system?												
Did the applicant receive an actuarial value cash-out in lieu of a monthly benefit?												
If yes, indicate date:												
Was this	s contributory employme	ent?										
If yes, has the applic	cant received a refund of	f contribution	ns? Y	es		No						
Please list the start dat	tes, end dates and amour	at of service	associated with a	ach	school year	r of employ	ment	for this	annlicant	Indicate if the		
	ited. If additional lines a											
SCHOOL YEA	AR SERVICE	FOR	FEITED? (Y/N)		SCHO	OOL YEAR		SEF	RVICE	FORFEITED? (Y/N)		
1				5								
2				6								
3				7								
4				8								
	•	•			TOTAL	L SERVIC	E					
Name of Retirement Sys	tem						_					
Mailing Address						Telephone ( )						
Signature of Certifying Official (REQUIRED)						Date						
Printed Name and Title		Email Address										

SECTION D EMPLOYER VERIFICATION OF EMPLOYMENT											
This section should be completed by the employer only if service was not established with a retirement system. The member wishes to											
purchase service with PSRS for employment in public schools not covered by PSRS. Please complete and return this form to the member. If additional lines are needed, please make a copy of this form and attach. You must sign and date all attachments.											
addit	SCHOOL YEAR	WAS EMPLOYEE FULL-TIME OR PART-TIME?	HOURS EMPLOYED PER WEEK	HOURS REQUIRED FOR FULL-TIME EMPLOYMENT	SALARY EARNED	FULL-TIME SALARY FOR POSITION		NUMBER OF MONTHS EMPLOYED	NUMBER OF MONTHS REQUIRED FOR FULL-TIME EMPLOYMENT		
1											
2											
3											
4											
5											
Name	of Employer	1	1			1					
Maili	Mailing Address Teleph							one			
_	ture of Certifying O	fficial (REQUIRED)					Date	)			
	Y Printed Name and Title Email Address										
SE/											
SECTION E MEMBER PURCHASE SELECTION (Please Select One)											
	I choose to purc	hase all my years	of public scho	ool employment.							
I choose to purchase year(s) of my public school employment.											
SEC	CTION F MI	EMBER CERT	TIFICATION								
I cert	ify that:										
				orrect to the best of eek on a regular basi			nlovment	claimed on this	application		
				(s) with any other re					appireution.		
I und	erstand:										
Filing an Application to Purchase Public School Employment at Schools Not Covered by PSRS does not create a contractual obligation on my part to complete payment.											
	If this service	e is on record with	1 2	nt system, I underst	and that this app	olication	is not vali	d until PSRS has	verified the		
forfeiture of the service.  • This application remains open until paid in full or termination of my PSRS membership through my retirement, death, refund or absence											
from covered employment if not vested.											
• The cost of any remaining service for which I applied but have not yet paid by September 30 will be recalculated each October 1 using the contribution rate in effect and my highest PSRS salary.											
<ul> <li>Payment must be received prior to my PSRS retirement date in order for it to be included in the calculation of my retirement benefit.</li> </ul>											
<ul> <li>Payments for service purchases will not be refunded.</li> <li>If partial payment is made, proportional service will be granted.</li> </ul>											
<ul> <li>Missouri law does not permit the combined total of all types of purchased service to exceed in length the service earned in PSRS-covered employment.</li> </ul>											
	covered emp	ioyment.									
Mem	per Signature (REQU	JIRED)					I	Date			