



**Teachers' Retirement System of Louisiana**  
 8401 United Plaza Blvd, Ste 300 • Baton Rouge, LA 70809-7017  
 P.O. Box 94123 • Baton Rouge, LA 70804-9123  
 Telephone: (225) 925-6446 • Fax: (225) 922-2522  
 www.trsl.org

Form 9A (08/07)

**03-9A**

## Application for Purchase of Out-of-State Public School Employment

Print in ink or type all entries except signatures. **Application should be received by the Teachers' Retirement System of Louisiana (TRSL) at least six months in advance of applying for retirement or DROP.** Section 1 must be completed by the applicant. Section 2 must be completed by the employer for whom the service was rendered. Section 3 must be completed by the appropriate retirement system.

**Incomplete or improperly certified forms are not acceptable for evaluation by TRSL and will be returned directly to the applicant.**

Section 1 — To be completed by applicant													
Name: Last, first, MI, suffix (Jr., III, etc.)		Social Security number											
Street / P.O. Box		<table border="1"> <tr> <td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td> </tr> </table>											
City, state, zip		Date of birth (mm-dd-yyyy)											
_____ / _____ / _____		_____ / _____ / _____											
Daytime telephone (    )	Evening telephone (    )	E-mail address											
_____													

Name(s) under which service was rendered if different from above: \_\_\_\_\_

**Years employed**

**Employer**

From \_\_\_\_\_ To \_\_\_\_\_

If you have additional out-of-state employment AND you wish to purchase credit for this service, please list name(s) of other employer(s). Submit a separate Form 9A for each out-of-state employer for which you will purchase service credit.

**State**

**School district**

_____	_____
_____	_____
_____	_____
_____	_____

In order to comply with statute LSA-R.S. 11:701(9), TRSL members may not obtain more than one year of service credit during any fiscal year.

**The member making application will be required to pay a nonrefundable fee of \$150 to TRSL's actuary. This fee may be paid by personal check, cashier's check, certified check, or money order, made payable to S.J. ACTUARIAL ASSOCIATES and should accompany this application. This fee will pay for two cost calculations. Additional cost calculations are \$50 each. It can take several months to complete a cost process; therefore, it may be several months before the actuary fee payment is cashed.**

I would like the actuary to compute the cost for purchasing: \_\_\_\_\_ years (first cost calculation) and  
 \_\_\_\_\_ years (second cost calculation).

I hereby authorize the release of all information necessary to verify service to be purchased with TRSL.

Applicant's signature (Do not print or type)	Date signed (mm-dd-yyyy)
▶	

**Applicant must forward form to out-of-state employer for completion of Section 2 on the reverse side.**

Applicant's Social Security number

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**DO NOT** list student employment. Louisiana Revised Statute 11:753 prohibits student employment service credit in TRSL. **DO NOT** subtract paid sick leave from total of days worked.

**Section 2 — To be completed by the out-of-state employer**

List separately by fiscal year:

Fiscal year (7/1-6/30)	State	School or school district	Actual salary earned (if available)	Hours worked per day	Hours in full day	Months of contract	Days worked and/or days paid	Days per full contract year
19 <u>71</u> - 19 <u>72</u>	MA	XYZ School District	\$6,000	7	7	9	186	186
____ - ____								
____ - ____								
____ - ____								
____ - ____								
____ - ____								
____ - ____								

\*Full-time earnings equal the salary that would have been earned had the employee worked the full year (including PIP, extra earnings, etc.)

Did the applicant receive credit for this service under any retirement system which was funded wholly or partly from public funds, other than Social Security?

Yes  No

If yes, please provide name of system: \_\_\_\_\_

Signature of certifying official ▶	Name of out-of-state employer
Title	Daytime telephone (      )
Street / P.O. Box	
City, state, zip	Date signed (mm-dd-yyyy)

**After completing Section 2, please forward to the appropriate public retirement system for completion of Section 3 below.**

**Section 3 — To be completed and forwarded to TRSL by the out-of-state public retirement system**

This applicant is an active member of TRSL 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 public retirement system. Check the box for the appropriate answers to the questions below regarding this applicant's membership.

1. Is this applicant receiving or entitled to a benefit from your system based on the service certified in Section 2?  Yes  No
2. Has this applicant withdrawn contributions for the service certified in Section 2?  Yes  No

Signature of certifying official ▶	Name of public retirement system
Title	Daytime telephone (      )
Street / P.O. Box	
City, state, zip	Date signed (mm-dd-yyyy)

Please return this form to: Teachers' Retirement System of Louisiana  
P.O. Box 94123  
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