



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 9B (08/07)

03-9B

Application for Purchase of Military Service

Active Military Duty

Active National Guard

National Guard/Coast Guard/Reserve

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 current employer(s).

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											

Under the provisions of Louisiana Revised Statutes 11:153 and 11:153.1, **members of TRSL may purchase up to 4 years of service credit for military service**, provided members were honorably discharged.

If you have additional service you wish to purchase, please list type of service (out-of-state, private school, other local/state governmental service, etc.) and name of employer where service was rendered. Please note that you must submit a separate application for each type of service to be purchased.

Type: _____ Employer name: _____

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).

Credit for military service may NOT be used to meet eligibility requirements for disability benefits, survivor benefits, or any regular retirement benefits based on service credit of 20 years or less.

Service credit may not be purchased for any **regular** military service for which the member is drawing a military retirement benefit based on age and service. This restriction shall not apply to members who are drawing a disability benefit based on 25 percent or less disability received as a result of military service, or for members who are drawing a military retirement benefit for **nonregular** service (state national guard, coast guard, or reserves) for which retirement points are assigned if the nonregular service was prior to TRSL membership.

Please attach copy of Form DD-214 or discharge papers for active-duty service or official copy of retirement points awarded by military branch for reserve service.

I hereby request the cost, under the provisions of LSA-R.S. 11:153, to purchase service credit up to a maximum of four years for military service. I also certify that I am not drawing a retirement benefit based on **regular** military service calculated on the basis of age and service or a partial military disability benefit in excess of 25 percent. I have read and understand the information given above.

Applicant's signature (Do not print or type)	Date signed (mm-dd-yyyy)
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Reverse side to be completed by current employer

Applicant's Social Security number

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Section 2 — Certification to be completed by current employer(s)

(1) Name of employer (full-time employer)

Employer number

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Street / P.O. Box

City, state, zip

Current full-time earnings and all other earnings (PIP, overtime, extra pay, etc.) \$ _____

Signature of certifying official

Date signed (mm-dd-yyyy)

▶

Title

(2) Name of employer (dual employer, if applicable)

Employer number

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Street / P.O. Box

City, state, zip

Current full-time earnings and all other earnings (PIP, overtime, extra pay, etc.) \$ _____

Signature of certifying official

Date signed (mm-dd-yyyy)

▶

Title