



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 9C (08/07)

03-9C

Application for Purchase of U.S. Dependent School Teaching Service

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. Section 3 must be completed by the employer for whom the service was rendered.

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											
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Under the provisions of Louisiana Revised Statute 11:728F, any member who has taught the equivalent of kindergarten through high school classes at any United States military base may purchase credit for such service rendered during that period, for which credit has not otherwise been given.

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).

The cost of the purchase is computed by use of an actuarial funding method that totally offsets the liability TRSL assumes by allowing the purchase of the credit. Current actuarial factors and interest assumption rates used in the calculation are subject to change annually.

I hereby request the cost, under the provisions of LSA-R.S. 11:728F, to purchase service credit for teaching service at a United States military base. I also certify that credit has not otherwise been given on this service. I have read and understand the information given above.

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

Reverse side to be completed by employer(s)

Applicant's Social Security number

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Section 2 — Certification to be completed by current employer

Name of 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)
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Title

Section 3 — Certification to be completed by employer certifying service to be purchased

Name of employer	Daytime telephone
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Street / P.O. Box

City, state, zip

Does the applicant have credit for this service under any supplemental retirement or pension plan which was funded wholly or partly from public funds other than Social Security? Yes No If yes, please provide the name of the plan: _____

Source document(s): Official payroll records Official personnel records

Certification of service rendered (DO NOT subtract paid sick leave from total of days worked.)

Fiscal year (7/1-6/30)	School or school district	Actual salary earned (if available)	Full-time earnings (if available)	Hours worked per day	Hours in a full day	Months of employment	Days worked and/or days paid	Days per full contract year	Days of approved leave without pay
19 78 - 19 79	XXX DODS	\$12,000	\$12,000	7	7	9	180	180	0
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_____ - _____									

Signature of certifying official	Title	Date signed (mm-dd-yyyy)
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*Full-time earnings equal the salary that would have been earned had the employee worked the full year (including PIP, extra earnings, etc.)

Please return this form to: Teachers' Retirement System of Louisiana
P.O. Box 94123
Baton Rouge, LA 70804-9123