

# FOR TIER III AND HYBRID PLAN MEMBERS ONLY

## RETIREMENT CREDIT PURCHASE REQUEST FOR PRIOR MISCELLANEOUS SERVICES FORM

CO-991 - New 2/2012

- PRIOR MILITARY SERVICE
- PRIOR EMPLOYMENT WITH OTHER STATES
- PRIOR CONNECTICUT MUNICIPAL EMPLOYEES
   RETIREMENT SERVICE

### PLEASE TYPE OR PRINT Any alterations to this form will NOT be accepted

DESCRIPTION OF PURCHASABLE PRIOR SERVICE AND INSTRUCTIONS for State Employees Retirement System (SERS) members: Within certain limitations, retirement credit may be purchased for the categories listed below:

#### WAR SERVICE/NATIONAL EMERGENCY MILITARY SERVICE

Members of SERS are eligible to purchase retirement credit for active duty in the Armed Forces rendered during a period of wartime or national emergency followed by a release under honorable conditions for the time periods categorized by applicable law. <u>REQUIRED DOCUMENTS</u>: A copy of discharge papers (DD-214) which clearly show dates of active duty rendered to the Armed Forces with the condition of release (character of service). In some situations, a photocopy of the military retirement credit point history record will be required. (Form 22 is not a sufficient document for retirement review purposes) Retirement credit shall not exceed ten years in total or if military service is being used at another source other than the Federal Government for same period(s). **Cost to member**: 4% x annual full-time rate of compensation upon hire. (Plus, any payroll installment interest --if elected).

### **EMPLOYMENT WITH OTHER STATE(S)**

Active full-time state employment with other state or states which offer similar credit provisions to former employees of the State of Connecticut. REQUIRED DOCUMENTS: (a) Official statement indicating employment with other state(s) was full-time; (b) actual dates of service; (c) verification of ineligibility for retirement benefits. NOTE: At the time of retirement, you can only be credited with one year of employment with other state(s) for each two years of Connecticut state service. Retirement credit for service to another state shall not exceed ten years in total. **Cost to member**: 6% x annual full-time rate of compensation upon hire plus 5% interest per annum from service date to purchase date.

#### **CONNECTICUT MUNICIPAL EMPLOYMENT**

Any prior period of municipal service while a member of the Connecticut Municipal Employees Retirement System (CMERS). <u>REQUIRED DOCUMENTS:</u> Name of municipality and actual dates of service. NOTE: You may only apply for municipal service credit for periods during which you were a member of the CMERS. Service is not creditable until you have at least ten years of vesting service under Tier III. *Cost to member*: Contributions made to CMERS plus 5% interest per annum from service date to purchase date.

Be advised that this request for a calculation is non-binding. To receive a cost calculation, fill out this form and return to:

Retirement Services Division, Attn: Retirement Purchase Unit, 55 Elm Street, Hartford, CT 06106-1775

|  |  |                                  | MEMBER IDEN                          | TIFICATION                | l                                   |                                    |                                |  |                |  |
|--|--|----------------------------------|--------------------------------------|---------------------------|-------------------------------------|------------------------------------|--------------------------------|--|----------------|--|
| MPLOYEE NUMBER   | MEMBER NAME (Last  | WE (Last, First, Middle Initial) |                                      |                           |                                     |                                    |                                | LAST 4 DIGITS OF SOCIAL SECURITY NUMBER              |                |  |
| CURRENT AGENCY/INSTITUTION   |  |                                  |                                      |                           |                                     | BARGAINING UNIT                    | MEMBER HIRE DATE               |  |                |  |
| /IEMBER MAILING ADDRESS (stre  | et number, street name, city, sta  | te, zip code)                    |                                      |                           | MEMBER TELEPH<br>between 8: 00 a.m. |                                    |                                | HONE NUMBER (Where you can be reached & 4: 00 p. m.) |                |  |
|  |  |                                  | MEMBER R                             | EQUEST                    |                                     |                                    |                                |  |                |  |
| For a Cost Calculation to Po   | urchase Retirement Cred  | lit for servic                   | ce listed below, ple                 | ease furnish              | type of ser                         | vice and dates                     |                                |  |                |  |
|  |  |                                  |                                      |                           | DATES                               |                                    |                                |  |                |  |
| TYPE OF SERVICE  |  |                                  |                                      | FROM                      |                                     |                                    | то                             |  |                |  |
|  |  |                                  |                                      |                           |                                     |                                    | ·                              |  |                |  |
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|  | THE RESERVE TO THE PARTY OF THE |                                  |                                      |                           |                                     |                                    |                                |  |                |  |
|  |  |                                  |                                      |                           |                                     |                                    |                                |  |                |  |
|  | M  | EMBER ST                         | FATEMENT and A                       | ACKNOWL                   | EDGEMEN                             | т 1                                |                                |  |                |  |
| certify that I have not rece<br>ne same years of service I<br>uture. |  |                                  |                                      |                           |                                     |                                    | other than th<br>come entitle  | e Federal Governme<br>d to such a benefit ir         | ent fo<br>the  |  |
| //ilitary Service Acknowle   | edgement: I understand   | that milita                      | ary service must                     | be applied                | for within                          | one year of co                     | ommencem                       | ent of state service                                 | ١.             |  |
| I have read the information receive retirement cre                   | on contained on this form<br>dit in either Tier III, the H   | and to the<br>lybrid Plan,       | best of my knowl<br>or have determin | edge, do no<br>ed to make | t have any<br>future appl           | qualifying serv<br>ication for mun | ice as descr<br>icipal service | ibed above for which<br>e or out of state serv       | ı I ma<br>ice. |  |
| EMBER SIGNATURE  |  |                                  |                                      |                           |                                     |                                    | DATE                           |  |                |  |
|  |  |                                  | EMPLOYING A                          | AGENCY PA                 | ART                                 |                                    |                                |  |                |  |
| All requi  | red supporting docum   | ents must l                      | be attached; oth                     | erwise, this              | form is in                          | valid and it wi                    | ill not be pr                  | ocessed.   |                |  |
| GENCY CONTACT PERSON (PLEASE PRINT)                                  |  |                                  |                                      | BUSINESS UNIT             |                                     | TELEPHONE NUMBER                   |                                | DATE   |                |  |
|  |  |                                  |                                      |                           |                                     | 1                                  |                                | 1  |                |  |
| F(   | ORM DISTRIBUTION: ORIGINA  | L - OSC RETIR                    | REMENT SERVICES DI                   | VISION: COPY              | TO EMPLOYE                          | E: COPY FOR AGE                    | ENCY RECORD                    | S.   | 19942333       |  |