

**West Virginia Public Employees Retirement System (PERS)
APPLICATION TO PURCHASE OUT-OF-STATE SERVICE
FOR FULL-TIME PERSONNEL**

West Virginia law provides for the purchase of Out-of-State Service as follows:

§5-10-15b. Credit for public employment in another state.

(a) Any member of the retirement system who has previously been employed in public employment in any other state of the United States is entitled to receive credited service for the time of public employment in that state, not to exceed five years, if the member substantiates by appropriate documentation or evidence his or her public employment in another state and makes contributions as required: Provided, That the employee is not entitled to receive the credited service if the employee is vested or entitled to be vested in a retirement system of the state in which the employment credit was earned and the employee is entitled to service credit in that retirement system for the employment period for which the applicant seeks credited service in West Virginia: Provided, however, That the service credit from the other state may not be used to meet West Virginia's eligibility requirements for retirement or vesting.

Employees entitled to out-of-state service credit under the provisions of this section shall make additional contributions to the retirement system equal to the actuarial equivalent of the amount which would have been contributed, together with earnings thereon, by the employee and the employer, had the employee been covered during the period of the retroactive service credit.

THIS FORM MUST BE COMPLETED IN ITS ENTIRETY. PLEASE TYPE OR PRINT LEGIBLY.

Section 1: Member Information - TO BE COMPLETED BY THE MEMBER

Name: _____ SS#: _____

Mailing Address: _____

Employer	Position Held	From			To		
		Mo	Day	Yr	Mo	Day	Yr

Attach additional pages if necessary.

The period of employment must be considered full-time and must have been credited under a retirement plan administered by a board of education or a state or local government.

I wish to purchase service credit for public service outside the State of West Virginia. I hereby authorize the release of all pertinent personnel or retirement information to the West Virginia Consolidated Public Retirement Board for this purpose.

Signed: _____ Date: _____

PLEASE FORWARD TO YOUR FORMER EMPLOYER FOR COMPLETION OF SECTION 2

Section 2: Former Employer's Certification of Public Service - TO BE COMPLETED BY FORMER EMPLOYER

Employer	Position	From			To			Full-time (Yes or No)	Salary or Hourly*
		Mo	Day	Yr	Mo	Day	Yr		

*If the employee was paid on an hourly basis, list number of hours worked per calendar year. Attach additional pages if necessary.

Type or Print Name: _____ Title: _____

Employer Name: _____

Address: _____

Signature: _____ Date: _____

Telephone: (_____) _____

WHEN SECTION 2 IS COMPLETED, PLEASE FORWARD TO THE FORMER RETIREMENT SYSTEM FOR COMPLETION OF SECTION 3.

Section 3: Retirement System's Certification of Participation - TO BE COMPLETED BY FORMER RETIREMENT SYSTEM

The person named on Page 1 is an active member of the State of West Virginia Public Employees Retirement System (WV PERS) and wishes to establish credit for the service indicated on Page 1. Our law will not permit the purchase of public service if a benefit is allowable in another **public** retirement system as a result of such service. Please complete the statements below to indicate the member's eligibility for retirement benefits from WV PERS.

1. The member named on the front of this form participated in the _____.
(Retirement Plan Name)
2. Is the employer a ☐ State agency ☐ Local government entity or ☐ Public School?
3. Is the service certified by the employer an accurate reflection of your records? ☐ Yes ☐ No
4. Is the member receiving or entitled to receive a benefit from the retirement plan named above? ☐ Yes ☐ No
5. Has the member withdrawn all contributions from your system? ☐ Yes ☐ No

If yes, please list date of withdrawal _____

Comments: _____

STATEMENT OF SALARY EARNED (THIS SECTION IS REQUIRED)

Employee's Name: _____ SS #: _____
First Middle Last

[illegible]

INSTRUCTIONS FOR COMPLETING STATEMENT OF SALARY EARNED: List all monthly salaries in chronological order, **by calendar year**, January 1 through December 31. If participant's employment began in midyear, list monthly salaries beginning with the month of employment. Attach additional pages if necessary.

If the Retirement System is unable to provide a monthly breakdown of salary earned as required on this page, please forward the application back to the Former Employer to complete this Statement of Salary Earned.

I hereby certify that the service and salaries shown herein are correct.

Type or Print Name: _____ Title: _____

Name of Retirement System: _____

Address: _____

Signature: _____ Date: _____

Telephone: (_____) _____

NOTARY PUBLIC (REQUIRED)

County of _____

State of _____

Section 3 was acknowledged before me, a Notary Public, this _____ day of _____, 20_____.

(Seal)

My commission expires: _____

WHEN ALL SECTIONS ARE COMPLETED, PLEASE RETURN FORM TO:

**WV CONSOLIDATED PUBLIC RETIREMENT BOARD
ATTN: PERS MEMBERSHIP SECTION
4101 MacCorkle Avenue, SE
CHARLESTON, WEST VIRGINIA 25304-1636**

Should you have any questions about completing this form, please contact the PERS Membership Section, WV Consolidated Public Retirement Board, at (304) 558-3570.