

## Certification of Out-of-State Teaching Service

**Important: Read instructions before you complete and submit this form.**

If you were a public school teacher in another state, you may be eligible to purchase up to four years of retirement credit for that service if you are a Tier One or Tier Two member. You must be a licensed teacher (as defined in ORS 342.120) and currently employed by a common school district, union high school district, or an education service district. You cannot be entitled to a pension or retirement allowance from another plan for your out-of-state teaching service.

PERS must receive this completed certification before we can provide a benefit estimate that includes out-of-state teaching purchase data. PERS will calculate the purchase and send you an estimate based on the certified data.

### General instructions

- Type or print clearly in dark ink. Illegible forms could be returned, which could delay your request.
- Do not change anything on the form; alterations will void the form.
- Sign and date the form.
- Make a copy of every page of this form for your records.

### Section A: Applicant information

Fill in the applicant information section completely.

- Providing your Social Security number (SSN) is voluntary. It will be used for confirmation purposes. If you choose not to supply your SSN, it could take PERS staff longer to process your form.
- If you do not know your PERS number, leave the space provided blank.
- We advise you to provide your phone numbers and e-mail address so we can reach you with information or questions about your form.
- If you prefer not to be contacted through e-mail or by phone, leave those fields blank.

### Section B: Applicant employer information

You must fill out this section completely.

Submit this form to each of your out-of-state employers and retirement systems so they can provide the information we need in Sections C and D to process your request. If you have more than one employer or retirement system, copy this form and mail one to each employer after you have completed Section B.

### Section C: Out-of-state employer information (To be completed by out-of-state employer.)

**Note to applicant:** The **out-of-state employer** you worked for during your out-of-state employment completes this section.

**Instructions to out-of-state employer:** If you check yes, fill out this section completely, and then forward this form to the **retirement system** in which the applicant was enrolled when he/she worked for you. If you check no, return the completed form to PERS, PO Box 23700, Tigard OR 97281-3700.

Please make sure you sign Section C. Failure to do so could delay the applicant's request.

### Section D: Out-of-state retirement system information (To be completed by out-of-state retirement system)

**Note to applicant:** The **retirement system** in which you participated during the period of **out-of-state employment** completes this section.

**Instructions to retirement system:** The applicant named in Section A may be eligible to purchase additional service time with the Oregon Public Employees Retirement System. Please fill this section out completely so we can determine eligibility. When completed, return the form to the applicant named in Section A.

Please make sure you sign Section D. Failure to do so could delay the applicant's request.



## Certification of Out-of-State Teaching Service

This form is strictly for the PERS Tier One/Tier Two Program. Call PERS or visit our website if this is not the form you need.

**Section A: Applicant information** (Type or print clearly in dark ink. Illegible forms could be returned to you, which could delay your request.)

First name	MI	Last name	Social Security number*
Mailing address (street or PO box)			PERS number (optional)
City	State	Zip	Country
			Date of birth (mm/dd/yyyy)
Day phone number	Evening phone number		E-mail (optional)

**Section B: Applicant employer information**

Former employer name	
Employment began (mm/dd/yyyy)	Employment ended (mm/dd/yyyy)
Other names used with former employer	

**I want to purchase \_\_\_\_\_ years \_\_\_\_\_ months of retirement credit for employment as a teacher in a public school in another state. "Teacher" includes all licensed employees in a public school who have direct responsibility for instruction, coordination of educational programs, or supervision or evaluation of teachers.**

**I authorize the public school employer and retirement system to release any information the Oregon Public Employees Retirement System requests pertaining to my request for retirement credit.**

\_\_\_\_\_  
 Member signature (do not print)

\_\_\_\_\_  
 Date

\*Providing your Social Security number (SSN) is voluntary. It will be used for confirmation purposes. If you choose not to supply your SSN, it could take PERS staff longer to process your form. In compliance with the Americans with Disabilities Act, PERS will provide help filling out this form upon request. You may request help by calling toll free 888-320-7377 or TTY 503-603-7766.

**Section C: Out-of-state employer information (To be completed by out-of-state employer)**

The applicant named in Section A is a member of the Oregon Public Employees Retirement System (PERS) and wants to establish retirement credit for **out-of-state teaching service**. Please complete this section for service rendered by this applicant.

Name of public school employer	Term of service during fiscal years (Fiscal year runs from July 1 to June 30)						Full-time	Part-time	If part-time, full-time equivalent	Number of months served
	From			To						
	Month	Day	Year	Month	Day	Year				

I certify the applicant named in Section A was employed as a teacher during the term of service listed above. "Teacher" includes all licensed employees in a public school who have direct responsibility for instruction, coordination of educational programs, or supervision or evaluation of teachers.

From the official records of \_\_\_\_\_  
Name of public school

Address \_\_\_\_\_ Phone number \_\_\_\_\_

Signature \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_

Was the applicant enrolled in a retirement system during the term of service you provided above?

Yes

If you check yes, please forward this completed form to the **retirement system** in which this applicant was enrolled when he/she worked for you.

No

If you check no, please return the completed form to PERS, PO Box 23700, Tigard OR 97281-3700.

**Section D: Out-of-state retirement system information (To be completed by out-of-state retirement system)**

Oregon law does not allow retirement credit for service time if the applicant named in Section A of this form is receiving or entitled to receive a pension or retirement allowance for that same period. To help us determine eligibility, please answer the following questions:

1. Was the individual ever a member of your public retirement system?  Yes  No

2. Is this individual eligible for or entitled to periodic benefit payments from your system?  Yes  No

3. Did the individual refund, withdraw, or forfeit his/her contributions and interest?  Yes  No

4. Is this an employer-sponsored retirement plan for public employees?  Yes  No

If no, name the type of plan \_\_\_\_\_

From the official records of \_\_\_\_\_  
Name of retirement system

Address \_\_\_\_\_ Phone number \_\_\_\_\_

Signature \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_

Thank you for providing the requested information.

**If you filled out Section D, please return this completed form to the applicant named in Section A.**

The member is responsible for obtaining the certification and submitting this completed form to PERS.