

REQUEST TO PURCHASE SERVICE

**Employee and Retiree Service Center
Montgomery County Public Schools
45 West Gude Drive, Suite 1200
Rockville, Maryland 20850**

INSTRUCTIONS: Use this form to request an estimate of the cost of purchasing service toward retirement. If requesting cost to purchase MCPS service, complete section I and forward the form to ERSC. If requesting cost to purchase service from another employer, complete section I and mail the form to the former employer for verification of employment.

Section I - To be completed by an applicant/employee to purchase previous service

Employee Name: _____ Previous Name: _____
 Address: _____ EEID: _____
 _____ SSN: _____

Type of Service Requested:

Previous MCPS Service Non-MCPS Employment Leave of Absence(s) Other

Name & Address of Place of Employment / Retirement System enrollment during the period to be purchased: _____

Dates of Service:

From MM DD YYYY	To MM DD YYYY	Years and Months of Service (Ex: 9 Years 2 Months)

Signature of Applicant

Date

Phone Number

Section II - To be completed by the employer

Employer Name: _____

Dates of Service:

From MM DD YYYY	To MM DD YYYY	Reason For Leave of Absence	Type of Employment				Position
			Perm	Temp	Salary	% Worked	
			<input type="checkbox"/>	<input type="checkbox"/>			
			<input type="checkbox"/>	<input type="checkbox"/>			
			<input type="checkbox"/>	<input type="checkbox"/>			
			<input type="checkbox"/>	<input type="checkbox"/>			
			<input type="checkbox"/>	<input type="checkbox"/>			

Signature of Certifier

Title

Date

Phone Number

Certification of Withdrawn membership - to be completed by the employer/retirement system

	Years	Months
Actual Service:		
Military Service:		
Purchased Service:		
Transferred Service:		
Total Service:		

Is applicant vested or eligible to receive a benefit from your system? Yes No

Signature of Certifier

Title

Date

Phone Number