



MICHIGAN OFFICE OF RETIREMENT SERVICES

Big Plans. Small Steps.

P.O. Box 30171 · Lansing, MI 48909-7671

www.michigan.gov/ors

Toll Free: 800-381-5111

Local: 517-284-4400

Fax: 517-284-4416

Other Governmental Employment Service Application

For State Employees Purchasing Service Credit

MEMBER'S NAME (LAST, FIRST, M.I.)	DATE OF BIRTH:	MEMBER ID OR SSN
MAILING ADDRESS	ANTICIPATED RETIREMENT DATE:	DAYTIME TELEPHONE: ()
CITY, STATE, ZIP CODE	PREVIOUS NAME(S) USED:	
EMAIL ADDRESS		

Please see enclosed requirements for eligibility and conditions for applying.

Section I – Applicant Authorization

Upon signing below, forward this form to your previous employer.

INDICATE TO THE BEST OF YOUR KNOWLEDGE WHEN THE SERVICE OCCURED (mm/dd/yyyy - mm/dd/yyyy): _____

I authorize my former employer and its custodian of retirement records to release information in Sections II and III to the Office of Retirement Services.

Applicant's Signature: _____ Date: _____

Section II – Governmental Employment Certification

To be completed by the employer or employer's custodian of records and forwarded to the employer's retirement system to complete Section III.

NAME OF GOVERNMENT AGENCY		
TYPE OF GOVERNMENT AGENCY (CHECK ONE) <input type="checkbox"/> CITY <input type="checkbox"/> TOWNSHIP <input type="checkbox"/> VILLAGE <input type="checkbox"/> COUNTY <input type="checkbox"/> FEDERAL <input type="checkbox"/> STATE (OTHER THAN MI)	EMPLOYMENT DATES BEGIN DATE END DATE	FULL-TIME OR PART-TIME (FT/PT) <input type="checkbox"/> FT <input type="checkbox"/> PT
Total credited service with agency: _____	_____	<input type="checkbox"/> FT <input type="checkbox"/> PT
Was any of this service rendered with a Court of Record in Michigan? <input type="checkbox"/> YES <input type="checkbox"/> NO	_____	<input type="checkbox"/> FT <input type="checkbox"/> PT
APPLICANT'S LAST JOB TITLE	_____	<input type="checkbox"/> FT <input type="checkbox"/> PT

By my signature below, I certify that the above applicant worked the dates indicated and the statements above are true to the best of my knowledge and belief.

Certifying Official's Signature Title Date

Certifying Official's Name (Print) Phone Number

Certifying Agency Mailing Address City State, Zip

Continue on the back. ➔



Other Governmental Service Application (continued)

Section III – Retirement Clearance

To be completed by the official custodian of retirement records.

Use the below definitions when answering questions.

- **Refunded.** Applicant has been paid any or all retirement contributions on deposit.
- **Distributed.** All retirement benefits have been disbursed.
- **Forfeited.** Applicant has relinquished any or all rights to a retirement benefit either in the past, present, or future.
- **On deposit.** Applicant has funds left on account with your retirement system.
- **Not entitled to refund.** Applicant has funds left on account with your retirement system, but due to membership requirements is not eligible to receive a refund of those contributions.

Applicant's Name: _____

1. Did the applicant participate in a retirement plan? YES (complete entire section) NO (sign and return to ORS)

2. If the plan was a defined benefit plan, when was the applicant a participant? FROM ___/___/___ TO ___/___/___

3. If the plan was a defined contribution plan, when was the applicant a participant? FROM ___/___/___ TO ___/___/___

4. If the applicant participated in a defined benefit and defined contribution plan, was the defined benefit plan converted to a defined contribution plan? YES NO

5. Is the applicant currently eligible for a benefit? YES NO

6. Is the applicant eligible for benefits in the future? YES NO

7. Was the applicant eligible for benefits in the past? YES (check all that apply) NO
 REFUNDED DISTRIBUTED FORFEITED ON DEPOSIT NOT ENTITLED TO REFUND
 COMMENTS: _____

8. Did applicant receive employer and/or matching contributions and interest? YES (check all that apply) NO
 REFUNDED DISTRIBUTED FORFEITED ON DEPOSIT NOT ENTITLED TO REFUND
 COMMENTS: _____

By my signature below, I certify that the information I have provided is true and complete to the best of my knowledge.

Certifying Official's Signature	Title	Date	Phone Number
Certifying Official's Name (Print)	Certifying Agency	Address	

Upon certifying this form, the certifying agency should return this form to:

Office of Retirement Services (ORS), P.O. Box 30171, Lansing MI 48909-7671

Eligibility

As an active State Employees Retirement System member, you may be eligible to purchase up to five years of service credit for full-time governmental employment with a city, county, township, or village of the state of Michigan. You may also purchase up to five years of service credit for full-time service with another state or the federal government.

Conditions

- Only full-time employment can be purchased.
- Your former employer(s) must certify your service.
- You cannot purchase more than ten years total from any combination of universal buy-in, parental leave, or other governmental service.
- If you are eligible to receive any employer contributions made on your behalf to a 401(k) or other qualified retirement plan, you cannot purchase the service unless you have relinquished all rights to the employer contributions.
- If you have received any employer contributions made on your behalf to a 401(k) or other qualified retirement plan, you cannot purchase the service.
- Distributions, transfers, or refunds are not considered a relinquishment.
- **City, county, township, or village of Michigan:** If, at any point in time you accumulated enough service credit to qualify for a pension based on this service, you cannot purchase the service.
- **Other state or federal government:** If, at any point in time you accumulated enough service credit to qualify for a pension based on this service, you cannot purchase the service unless you have relinquished all rights to the pension benefit.

- If you are retiring or leaving state employment, payment must be made before terminating.
- This service credit cannot be used to satisfy vesting requirements.
- You must be an active contributing member of the Defined Benefit (DB) plan to initiate a purchase.

Cost

You may purchase any fraction of a year increment. To estimate your cost for one year, find your actuarial percentage on the Actuarial Cost Table below and multiply it by your highest fiscal year (October 1 through September 30) income earned as a state of Michigan employee. Part-time earnings must be equated to full-time.

$$\text{Actuarial \%} \times \text{Highest Wage} = \text{Cost for One Year}$$

To estimate your total cost, multiply the cost for one year by the total years eligible to purchase.

Application Process

1. Upon completing Section I, forward this form to the employing agency. Section II must be completed by the employer or employer's custodian of records. Section III must be completed by the official custodian of retirement records.
2. ORS will review your application and, if you are eligible, send you a *Member Billing Statement* along with information on payment options. This statement lists the amount of service you are eligible to purchase, the cost, and the due date. Although it is called a billing statement, you're not obligated to buy this credit.
3. To complete the purchase, follow the instructions on the billing statement.

Actuarial Cost Table					
Use your age as of the beginning of the fiscal year					
Age at purchase	Percentage Rate	Age at purchase	Percentage rate	Age at purchase	Percentage rate
Up to 25	7.0%	37	10.1%	49	13.7%
26	7.2%	38	10.4%	50	14.0%
27	7.4%	39	10.7%	51	14.2%
28	7.6%	40	11.0%	52	14.4%
29	7.8%	41	11.3%	53	14.6%
30	8.0%	42	11.6%	54	14.8%
31	8.3%	43	11.9%	55	15.0%
32	8.6%	44	12.2%	56	15.1%
33	8.9%	45	12.5%	57	15.2%
34	9.2%	46	12.8%	58	15.3%
35	9.5%	47	13.1%	59	15.4%
36	9.8%	48	13.4%	60 and older	15.5%

