



The information below is intended to verify prior employment and/or service credit accrued under a defined benefit plan or from a prior employer. **Only one defined benefit plan/employer per form.**

SECTION A – POTENTIAL TRANSFER/PURCHASE OF SERVICE

- To be completed by the MPERS member.
- Member should include all possible prior names, including maiden/married names as applicable, for the period(s) to be verified.
- Member to give form to prior retirement plan or previous employer, where no retirement plan exists.

I, _____, social security number (last four digits) _____ and birthdate _____, request information be provided to the MoDOT and Patrol Employees' Retirement System regarding a potential transfer/purchase of credit.

Maiden/previous name(s): _____

Name and Location of Previous Employer(s)	Dates of Employment	
	From	To
_____	_____	_____
_____	_____	_____
_____	_____	_____

SECTION B - VERIFICATION AND CERTIFICATION OF CREDIT IN A PRIOR DEFINED BENEFIT PLAN

- To be completed by the transferring plan official of the defined benefit plan (if member was not in a defined benefit plan, proceed to section C).
- Plan official to return the completed form to MPERS at the email or address above.

I, _____, _____ of _____
(certifying official) (official title) (transferring plan)

certify that the records of this office show _____ acquired service in this system as detailed below:
(name)

	Period #1	Period #2	Period #3
Previous Employer			
Service Start Date (mm/dd/yyyy)			
Service End Date (mm/dd/yyyy)			
Leave-No-Pay Start Date (mm/dd/yyyy)			
Leave-No-Pay End Date (mm/dd/yyyy)			
Credit Service Acquired (years/months/days)			
Has service credit been forfeited? (yes/no, if applicable)			
If no, is credit vested? (yes/no)			
Was service full-time? (yes/no)			
Was service covered by social security? (yes/no)			
Do employee contributions remain in the system? (yes/no)			
Did employee take a refund of employer contributions? (yes/no)			

SECTION B - VERIFICATION AND CERTIFICATION OF CREDIT IN A PRIOR DEFINED BENEFIT PLAN (continued)

	Period #1	Period #2	Period #3
Did the employee receive a payment in lieu of a future benefit? (yes/no)			
As of today, what is the actuarial liability held by the retirement system for the above credit?			\$
By signing below, the transferring plan certifies it is an eligible plan under Internal Revenue Code Section 401(a).			
_____	_____	_____	_____
Signature of certifying official	Phone Number	Date	

SECTION C - VERIFICATION AND CERTIFICATION OF CREDIT NOT IN A PRIOR DEFINED BENEFIT PLAN

- To be completed by the prior employer when there is no defined benefit retirement plan applicable to the employment period to be verified.
- Employer should include all relevant time periods, if more than one exists with the employer.
- Employer official to return the completed form to MPERS at the email or address included in letterhead on page one.

I, _____, _____ of _____
(certifying official) (official title) (prior employer)

certify that the records of this office show _____ was employed by this employer as detailed below:
(name)

	Period #1	Period #2	Period #3
Employment Start Date (mm/dd/yyyy)			
Employment End Date (mm/dd/yyyy)			
Leave-No-Pay Start Date (mm/dd/yyyy)			
Leave-No-Pay End Date (mm/dd/yyyy)			
Was service full-time? (yes/no)			
Was service covered by social security? (yes/no)			

Signature of certifying official Phone Number Date