



**MoDOT & Patrol Employees' Retirement System**  
 PO Box 1930 • Jefferson City, MO 65102-1930  
 Phone: (573) 298-6080 • (800) 270-1271  
 Fax: (573) 522-6111 • Email: mpers@mpers.org  
 Website: www.mpers.org

# Verification for Transfer/ Purchase Credit

**SECTION A - TRANSFER/PURCHASE OF SERVICE - to be completed by member**

I, \_\_\_\_\_, Social Security Number \_\_\_\_\_ request information be provided to the MoDOT and Patrol Employees' Retirement System regarding a potential transfer/purchase of credit.

Name and Location of previous Employer(s)	Date of Employment	
	From	To
_____	_____	_____
_____	_____	_____
_____	_____	_____

**SECTION B - VERIFICATION OF CREDIT - to be completed by transferring plan official and returned to receiving plan**

I, \_\_\_\_\_ of \_\_\_\_\_  
(certifying official) (official title) (transferring plan)

certify that the records of this office show \_\_\_\_\_ acquired and presently holds credit in this system as listed below:  
(name)

(List on a separate line each uninterrupted period of service earned or purchased)

Credit Start Date (mm/dd/yyyy)	Credit Termination Date (mm/dd/yyyy)	Leave w/o pay?*	Credit acquired (years/months/days)	Has credit been forfeited? (Yes/No)	If no, is credit vested? (Yes/No)	Was service full-time? (Yes/No)	Social Security covered service? (Yes/No)
<b>TOTAL CREDIT</b>							

\* If yes, indicate any periods in which no credit was established. \_\_\_\_\_.

The actuarial liability held by this system for the above credit is \$ \_\_\_\_\_ as of this date.

\_\_\_\_\_ Date \_\_\_\_\_ Signature of certifying official

«TableEnd:MemberInfo»

## DEFINITIONS

**Transferring Plan** – The plan which will transfer funds and creditable service to another plan.

**Section A** – To be completed by member wishing to transfer/purchase from a public entity to MoDOT & Patrol Employees' Retirement System (MPERS)

Enter your full name including your maiden name and any previous married name under which you were employed. Enter your social security number and the name of the plan where you wish to transfer/purchase service. Enter the name and location of the previous employer(s) and the dates you were employed there. Do not enter any other information on the election form until it is returned to you. Send the form to the transferring plan.

**Section B** – To be completed by the transferring plan official and returned to the receiving plan

Complete this section from payroll or retirement office records to verify the member's creditable service with your plan. If the member is transferring service indicate the actuarial liability to be transferred. If the member is purchasing service and no records exist from which a certification can be made, so note on the form before returning it to the receiving plan. The member will then be informed of alternate procedures for establishing verification of services.