

Buyback Request Form (Non-Teaching Service)

Last Revision: May 2016

BOSTON RETIREMENT SYSTEM

Boston City Hall, Room 816
Boston, MA 02201

Tel: 617-635-4311

Fax: 617-635-4318

Website: cityofboston.gov/retirement

Section A - Completed by Member and then submitted to Department or Agency

Full Name	Last 4 SSN
Former Name (if applicable)	Retirement Date if Applicable
Address	
City/State/Zip	Primary Phone
Agency Where You are Currently Employed	Secondary Phone
Start Date	Email

Are you an active member of the Boston Retirement System (currently making contributions, on a leave of absence, or on workers' comp)? **Inactive members cannot purchase creditable service** Yes No

What type of buyback are you requesting? (Please check one)

- | | | | | |
|--|--|--|--|--------------------------------|
| <input type="checkbox"/> Prior Service | <input type="checkbox"/> Redeposit of Refund | <input type="checkbox"/> Provisional Appointment | <input type="checkbox"/> Military (DD-214) | <input type="checkbox"/> Cadet |
| <input type="checkbox"/> Part-Time | <input type="checkbox"/> Contract Service | <input type="checkbox"/> Emergency Appointment | <input type="checkbox"/> Prop 2 ½ Lay-Off | <input type="checkbox"/> Other |

Service you wish to purchase

Employer	Dates of Service	Was This Service Refunded? When?
	___/___/___ to ___/___/___	<input type="checkbox"/> Yes <input type="checkbox"/> No ___/___/___
	___/___/___ to ___/___/___	<input type="checkbox"/> Yes <input type="checkbox"/> No ___/___/___
	___/___/___ to ___/___/___	<input type="checkbox"/> Yes <input type="checkbox"/> No ___/___/___
	___/___/___ to ___/___/___	<input type="checkbox"/> Yes <input type="checkbox"/> No ___/___/___
	___/___/___ to ___/___/___	<input type="checkbox"/> Yes <input type="checkbox"/> No ___/___/___

TWO-YEAR RULE: Please note, if you are purchasing creditable service you previously refunded or rolled over the funds, you may be required to satisfy certain service requirements before you can be eligible for particular retirement benefits. If the above applies, you may not be eligible to receive a retirement allowance until you have been in active membership service for at least *two consecutive years following the start of your new employment* with the Boston Retirement System.

I understand the following:

- 1) The Boston Retirement System will review this request to determine whether the above service may be purchased.
- 2) This form must be completed in full for the Boston Retirement System to take any action.
- 3) If eligible to purchase service, the bill must be paid in full prior to your retirement date.

Member Signature _____

Date _____



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Member's Last Name _____ First _____ M.I. _____ Member ID # _____

Section B – Completed by Employer

Employer	Name of Person Completing this Form
Employer Address	Employer Phone

Please list the service in chronological order, beginning with the oldest service and ending with the member's most recent service. Please report all of his/her past temporary or part-time service with your governmental unit. If additional space is needed, add a second page (letterhead is preferred). **Incomplete forms will not be processed.**

Please insert data for each column (no blanks)					Please provide ONLY ONE of these three values			Please insert values for each column	
From mm/dd/yy	To mm/dd/yy	Member Title or Position	Full-Time or Part-Time? (Show %)	# Hours in a Full-time week	# hours	OR # days	OR # weeks	Rate per Unit of Time	Actual salary for the period (from – to)
1 / 1 / 06	3 / 31 / 06	EXAMPLE	50%	40			13	\$700.00 per week	\$4,550.00
4 / 1 / 06	6 / 30 / 06	EXAMPLE	Full-Time	35			13	\$44,902.00 per year	\$11,225.50
7 / 1 / 06	9 / 30 / 06	EXAMPLE	75%	40	390			\$10.50 per hour	\$4,095.00
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I hereby certify the above information to be true and correct:

Signature of Personnel Officer

Date

Printed Name

Title