



NEW YORK STATE TEACHERS' RETIREMENT SYSTEM
 10 Corporate Woods Drive, Albany, NY 12211-2395

OFFICE SERVICES ONLY

PRIOR SERVICE CLAIM

- This form can also be submitted electronically by accessing your MyNYSTRS account and going to the Service Credit tab.
- Please review the instructions on the reverse before completing this form.
- Only one claim form needs to be submitted for all types of service.

EmplID #

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Social Security #

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NAME	(First)	(Middle)	(Last)	FORMER NAME(S)
ADDRESS	(Street)	(City)	(State)	(Zip Code)
Is this address your PERMANENT address to be used by the System? <input type="checkbox"/> Yes <input type="checkbox"/> No				
PHONE NUMBER: ()				

I wish to claim credit in the New York State Teachers' Retirement System for the service listed below and any other service which I am eligible to claim. I have rendered such service **prior to my current membership date** and desire to have it credited when I have fulfilled the statutory requirements.

NAME OF EMPLOYER	STATE	JOB TITLE	DATES OF SERVICE

Please note: It is necessary to submit a completed Verification form unless the service indicated above was previously credited to a former membership at NYSTRS or New York State & Local Retirement System. The appropriate verification form(s) (PRS-3 through PRS-3.5) can be found on our website (NYSTRS.org).

1. Were you credited with the above service in another public retirement system? YES NO
2. Are you presently a member of another public retirement system? YES NO
3. If a member, or former member, please state name of system and registration/ID number:

I hereby certify that I am not now receiving a benefit and will not be entitled to receive a benefit at any future time from another public retirement system, in this State, in any other state or from the Federal Government on account of any of the above service.	
Signature of Claimant	Date

**INSTRUCTIONS FOR CLAIMING CREDIT FOR SERVICE RENDERED
BEFORE YOUR CURRENT DATE OF MEMBERSHIP (PRIOR SERVICE)**

1. PRIOR SERVICE CLAIM

List by location name and year on the front of this form all prior service you wish to claim.

THIS FORM MUST BE SIGNED AND RETURNED TO THE SYSTEM BEFORE YOUR DATE OF RETIREMENT OR BEFORE THE DATE YOUR MEMBERSHIP CEASES. Additionally, you must be credited with a minimum of two years of membership credit before you may purchase (if applicable) and be credited with any prior service for which you are eligible.

2. MEMBERSHIP TIERS

<u>Tier</u>	<u>Dates Last Joined</u>	<u>Tier</u>	<u>Dates Last Joined</u>
1	Before 7/1/1973	4	9/1/1983 - 12/31/2009
2	7/1/1973 - 7/26/1976	5	1/1/2010 - 3/31/12
3	7/27/1976 - 8/31/1983	6	On or after 4/1/12

3. ALLOWABLE PRIOR SERVICE

NYS and NYC Public and Teaching Service: Members of **ALL** tiers may receive credit for NYS public and teaching service (full-time, part-time, or substitute work), including NYC, if such service was credited or would have been creditable in any NYS or NYC public retirement system at the time the service was rendered.

Out-of-State Teaching Service:

Tier 1 Members may receive credit for up to ten years of teaching in out-of-state public schools or state-supported colleges.

Tier 2 Members may receive credit for out-of-state public teaching service only if this service was credited to a former Tier 1 membership in TRS.

Tiers 3 – 6 Members cannot receive credit for out-of-state teaching service.

4. COST Full payment MUST be received prior to the termination of your membership.

Tiers 1 and 2 There is no cost to have prior service credited.

Tier 3 The cost is 3% of the salary received during the period of the service. Interest of 5% per year is charged only on service rendered under a former Tier 3 membership.

Tier 4 The cost is 3% of the salary received during the period of service plus 5% interest per year on all service.

Tier 5 The cost is 3.5% of the salary received during the period of service plus 5% interest per year on all service.

Tier 6 The cost is 6% of the salary received during the period of service plus 5% interest per year on all service.

- ◆ **Service for private or parochial schools, for the federal government or in armed forces dependent schools is not creditable in our System under any tier.**
- ◆ **Service credit can affect your eligibility for, and the calculation of, your benefits. It may also affect the point at which Tier 4 members are eligible to cease making mandatory member contributions. If you are unsure about your prior service eligibility, you should file a claim for service not already credited to your membership.**
- ◆ **In addition to filing this form with NYSTRS, you must send the applicable verification form to your former employer to complete and return to NYSTRS. The various verification forms (e.g., for NYS teaching; or other NYS public employment) are available on our website at www.nystrs.org/main/forms/prior-service.htm, or may be ordered through our Hotline at (800) 782-0289.**



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OFFICE SERVICES ONLY

PRIOR SERVICE VERIFICATION

PART 1: TO THE MEMBER: Please complete **PART 1** of this form and forward to the employer where service was rendered to complete **PART 2**. (Please note: If you have not already submitted a *Prior Service Claim* (PRS-2), you can do so by downloading the form at NYSTRS.org, or by creating a MyNYSTRS account and submitting the form electronically.)

EmplID

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Social Security #

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NAME	(First)	(Middle)	(Last)	FORMER NAME(S)
ADDRESS	(Street)			PHONE NUMBER
(City)			(State)	(Zip Code)
Is this address your PERMANENT address to be used by the System? <input type="checkbox"/> Yes <input type="checkbox"/> No				
SIGNATURE	DATE			SCHOOL YEARS CLAIMED

PART 2: PROVIDE DATA BY SCHOOL YEAR (JULY 1 - JUNE 30). DO NOT SEND PAYROLL RECORDS. (Please note: There is no cost to the employer when a member obtains prior service credit.)

School Year Ending 6/30	Salary Earned	Number of Days Worked	Number of Credit Hours (For Colleges Only)	Rate of Pay (e.g.: \$2.50/hr.; \$30/day; \$10,000/yr.)	Job Title

1. Number of hours in a full school day: If college, number of credit hours (full load):
2. Was any of the above service rendered during a membership? YES NO What years? _____
3. Was any of the above service less than full-time? YES NO
If yes, what percentage of full-time service does this represent? _____ %
4. Was this service per diem substitute service? YES NO
5. If this is college service, were contributions made to TIAA? YES NO
If yes, what period of time did the contributions cover? _____
(If yes, please submit a copy of the election form)
6. Was the member paid on a regular payroll? YES NO
If no, how were they paid: _____

I HEREBY CERTIFY THE ABOVE LISTED SERVICE WAS RENDERED IN A PUBLIC SCHOOL OR COLLEGE AND THE INFORMATION WAS TAKEN FROM THE OFFICIAL RECORDS. RETURN COMPLETED FORM TO THE NEW YORK STATE TEACHERS' RETIREMENT SYSTEM AT THE ADDRESS LISTED AT THE TOP OF THE FORM.

Name of School District		District Code		State
Signature of School Official		Title		Date
Address (Street)	(City)	(State)	(Zip Code)	Phone Number ()

OFFICE SERVICES ONLY



NEW YORK STATE TEACHERS' RETIREMENT SYSTEM
10 Corporate Woods Drive, Albany, NY 12211-2395

VERIFICATION OF UNCREDITED NEW YORK CITY DEPARTMENT OF EDUCATION TEACHING

PART 1: To be completed by member: Please complete all requested information on this page.
 (Please note: If you have not already submitted a *Prior Service Claim* (PRS-2) form, you can do so by downloading the form at NYSTRS.org, or by creating a MyNYSTRS account and submitting the form electronically.)

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Social Security #

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NAME (First)	(Middle)	(Last)
ADDRESS (Street)	(City)	(State) (Zip Code)
Is this address your PERMANENT address to be used by the System? <input type="checkbox"/> Yes <input type="checkbox"/> No	PHONE NUMBER	
SIGNATURE	DATE	

Were you ever a member of a New York City Public Retirement System? YES NO

If yes, is a benefit due from a New York City Public Retirement System? YES NO

If unknown, you must secure this information from the New York City Retirement System.

NYC File #	Former Name(s)
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Type of Service	Date of Employment From To	School/Office (Location of Employment)	District/ Borough
Regular Teacher	-		
Regular Substitute	-		
Per Diem	-		
Evening Community Center	-		
After School Playground	-		
Vacation Playground	-		
Youth Board	-		
Hourly School Lunch (E741)	-		
Paraprofessional (E743)	-		
School Aides, Guards (E744)	-		
Administrative (J740 or H740)	-		
Annual School Lunch (J741-H741)	-		
Hourly Admin Mechanics (Z740)	-		
Other (specify)	-		

Include additional information and unique requests in the comment box below.

Forward this form for the completion of Part 2, on reverse side, to:

The New York City Department of Education
 Division of Financial Operations
 Bureau of Employee Support Services
 Office of Employment Records Research
 65 Court Street, Level C
 Brooklyn, NY 11201



NEW YORK STATE TEACHERS' RETIREMENT SYSTEM
10 Corporate Woods Drive, Albany, NY 12211-2395

OFFICE SERVICES ONLY

**MONTHLY SALARY AND SERVICE VERIFICATION
 FOR NYS PUBLIC SERVICE BEFORE JOINING NYSTRS**

PART 1: TO THE MEMBER: Please complete PART 1 of this form and forward to the employer where service was rendered to complete PART 2. (Please note: If you have not already submitted a *Prior Service Claim* (PRS-2), you can do so by downloading the form at NYSTRS.org, or by creating a MyNYSTRS account and submitting the form electronically.)

Last Name		First	M.I.	Social Security Number
Street				NYSTRS EmplID
City		State	Zip Code	Former Name(s)
Is this address your PERMANENT address to be used by the System? <input type="checkbox"/> YES <input type="checkbox"/> NO			Periods of Employment	
Signature _____			Employer Name _____	
Date _____				

PART 2: TO THE EMPLOYER:

TO WHOM IT MAY CONCERN: The above named member of this Retirement System has claimed previous employment with you during the period(s) indicated. A certification of service is required so we can determine the amount of service credit this person may be entitled to receive.

Are you currently a participating employer with a NYS or NYC public retirement system? Yes No

Member's Payroll Title: _____ Please indicate number of hours per day considered full-time for this payroll title: _____

Last Day on Payroll: _____ or still working. First Day on Payroll: _____

Was this service reported to a NYS public retirement system? Yes No

SCHOOL EMPLOYEES ONLY: Please indicate if member is a 10 or 12 month employee: 10 12

If this was service rendered in a New York State or New York City public college, were contributions made to TIAA? Yes No
 If yes, what period of time did the contributions cover? _____

INSTRUCTIONS: The following relates to each column bearing the same number.

1. Indicate each calendar month during which wages were paid.
2. Indicate for first entry only (e.g.: \$2.50 per hour, \$30.00 per day, \$10,000 per year), and thereafter only when a change occurred.
3. Indicate for first entry only (e.g.: weekly, bi-weekly, semi-monthly, etc.) and thereafter only when a change occurred.
4. Enter the "Amount Paid" for each month.
5. Enter the "Days Worked" for each month.
6. Please indicate and identify any period of leave without pay or at 1/2 pay. Also indicate any period covered by Workers' Compensation.

1 Month/Year	2 Rate of Pay	3 Frequency of Payment	4 Amount Paid	5 Days Worked	6 Periods of Leave Without Pay		
					From	To	Type of Leave

1 Month/Year	2 Rate of Pay	3 Frequency of Payment	4 Amount Paid	5 Days Worked	6 Periods of Leave Without Pay		
					From	To	Type of Leave

I HEREBY CERTIFY THE ABOVE INFORMATION IS CORRECT AND WAS TAKEN FROM OFFICIAL RECORDS.

Name of Employer			School District Code (if applicable)		
Signature of Authorized Official		Title		Date	
Street Address				Phone Number	
City		State	Zip Code	()	

Return completed form to the New York State Teachers' Retirement System at the address listed at the top of the form on the front page.