



**West Virginia
Consolidated Public Retirement Board (CPRB)**

601 57th Street SE, Suite 5
Charleston, WV 25304
304-558-3570 or 800-654-4406
www.wvretirement.com

**Public Employees
Retirement System (PERS)**

**Application to Purchase
Out-of-State Service
for Full-Time Personnel**

Section 1: Member Information - To be completed by the PERS member

Full Name	SSN	CPRB ID	Date of Birth	Telephone Number
Member Mailing Address	City	State	Zip Code	
Email Address	Former Employer Name	Date of Hire		

West Virginia law provides for the purchase of Out-of-State Service as follows:

§ 5-10-15b. Credit for public employment in another state.

(a) Any member of the retirement system who has previously been employed in public employment in any other state of the United States is entitled to receive credited service for the time of public employment in that state, not to exceed five years, if the member substantiates by appropriate documentation or evidence his or her public employment in another state and makes contributions as required: Provided, That the member is not entitled to receive the credited service if the member is vested or entitled to be vested in a retirement system of the state in which the employment credit was earned and the member is entitled to service credit in that retirement system for the employment period for which the applicant seeks credited service in West Virginia: Provided, however, That the service credit from the other state may not be used to meet West Virginia's eligibility requirements for retirement or vesting.

Members entitled to out-of-state service credit under the provisions of this section shall make additional contributions to the retirement system equal to the actuarial equivalent of the amount which would have been contributed, together with earnings thereon, by the member and the employer, had the member been covered during the period of the retroactive service credit.

Employer	Position Held	From			To		
		Mo	Day	Yr	Mo	Day	Yr

Attach additional pages if necessary.

The period of employment must be considered full-time and must have been credited under a retirement plan administered by a board of education or a state or local government.

I wish to purchase service credit for public service outside the State of West Virginia. I hereby authorize the release of all pertinent personnel or retirement information to the West Virginia Consolidated Public Retirement Board for this purpose.

Member Signature	Date
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Forward this form to your former employer for completion of Section 2.

Member Name

CPRB ID

Section 2: Former Employer's Certification of Public Service - To Be Completed by Former Employer

Employer	Position	From			To			Full-time (Yes or No)	Salary or Hourly*
		Mo	Day	Yr	Mo	Day	Yr		

* If the employee was paid on an hourly basis, list number of hours worked per calendar year. Attach additional pages if necessary.

Completed By (please print)	Signature	Title
Telephone Number	Email Address	Date Completed
Employer Name	Employer Address	

When Section 2 is completed, please forward to the former retirement system for completion of Section 3.

Section 3: Retirement System's Certification of Participation - To Be Completed by Former Retirement System

The person named on Page 1 is an active member of the State of West Virginia Public Employees Retirement System (WV PERS) and wishes to establish credit for the service indicated on Page 1. Our law will not permit the purchase of public service if a benefit is allowable in another **public** retirement system as a result of such service. Please complete the statements below to indicate the member's eligibility for retirement benefits from WV PERS.

1. The member named on the front of this form participated in the _____.
(Retirement Plan Name)
2. Is the employer a State agency Local government entity or Public School?
3. Is the service certified by the employer an accurate reflection of your records? Yes No
4. Is the member receiving or entitled to receive a benefit from the retirement plan named above? Yes No
5. Has the member withdrawn all contributions from your system? Yes No
If yes, please list date of withdrawal _____

Comments: _____

Member Name	CPRB ID
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Section 3: Retirement System's Certification of Participation - continued from page 3

I hereby certify that the service and salaries shown herein are correct.

Completed By (please print)	Signature	Title
Telephone Number	Email Address	Date Completed
Retirement System Name	Address	

Please return this completed 4-page form to CPRB at the address on the top of page 1.