

REQUEST TO PURCHASE PREVIOUS SERVICE

IMPORTANT: TURN THIS FORM OVER AND READ THE INSTRUCTIONS FIRST.
MEMBER SHOULD COMPLETE FORM DOWN TO DOTTED LINE.

FOR RETIREMENT USE ONLY

FORM 26 (REV. 11/07)

APPLICANT'S SOCIAL SECURITY NUMBER

FORMER NAME(S)

DATE OF BIRTH

NAME

Month Day Year

First

Initial Last

HOME ADDRESS

Number and Street

City

State

Zip Code

CHECK TYPE OF SERVICE REQUESTED
(see back of form)

- ☐ In State Service
- ☐ Leave of Absence
- ☐ State Redeposit
- ☐ Non-State Service
- ☐ Municipal Redeposit
- ☐ Other _____

FORWARD THIS FORM TO THE AGENCY INDICATED BELOW FOR VERIFICATION

Provide Name and Address of Place of Employment or Retirement System during the period to be purchased

DATES OF SERVICE TO BE PURCHASED

FROM TO
MO. DAY YR. MO. DAY YR.

Note: Enter proposed retirement date if applicable: _____ and amount of service to be purchased: _____ years, _____ months.
Also submit Form -9 (Application for an Estimate of Service Retirement Allowance) if applicable.

Member's Signature _____ Date _____ Day-time phone# _____

MEMBER CANNOT VERIFY HIS/HER OWN EMPLOYMENT

VERIFICATION OF EMPLOYMENT: MUST BE COMPLETED BY EMPLOYER

AGENCY	DATES OF SERVICE						ANNUAL SALARY	IF THIS PERIOD WAS A LEAVE OF ABSENCE, WHAT WAS THE REASON?	TYPE OF EMPLOYMENT				CLASSIFICATION OR POSITION
	FROM			TO					CHECK: <input type="checkbox"/> FULL-TIME <input type="checkbox"/> PART-TIME				
	MO	DAY	YR	MO	DAY	YR			PERM.	TEMP.	OTHER	% OF TIME WORKED	

☐ I Cannot Verify The Requested Employment

Signature of Verifier _____ Title _____ Telephone No. _____ Date _____

CERTIFICATION OF WITHDRAWN MEMBERSHIP: MUST BE COMPLETED BY PREVIOUS RETIREMENT SYSTEM

RETIREMENT SYSTEM	DATES OF MEMBERSHIP						TOTAL SERVICE		TOTAL AMOUNT			DATE WITHDRAWN (IF APPLICABLE)
	FROM			TO			YEARS	MONTHS	CONTRIBUTIONS	INTEREST	TOTAL	

☐ I Cannot Provide Requested Information

IS APPLICANT RECEIVING A BENEFIT FROM YOUR SYSTEM FOR THIS PERIOD OF SERVICE? ☐ YES ☐ NO

Signature of Certifier _____ Title _____ Telephone No. _____ Date _____

INSTRUCTIONS FOR COMPLETING FORM-26

TO THE MEMBER:

Complete all sections of the form down to the dotted line. Use a separate form for each employer or retirement system. To purchase retirement credit for EMPLOYMENT, indicate the agency name and address where you were employed and the period of service worked.

To redeposit or transfer credit from a RETIREMENT SYSTEM, indicate the name and address of the retirement system and dates of your former membership. Sign and date the form; upon completion, submit it to the agency verifying employment.

TO THE AGENCY VERIFYING EMPLOYMENT:

Verify employment and yearly salaries, including employment dates (month/day/year), resignation dates, periods of leave of absence (indicate reason) and dates of salary changes.

Indicate the percentage of part-time employment for each year or partial year of employment.

Indicate position, title and type of employment (for example: permanent, temporary, contractual, etc.)

Verification must be signed and dated.

Upon completion, return to the State Retirement Agency, 120 East Baltimore Street, Baltimore, MD 21202-1600.

TO THE RETIREMENT SYSTEM CERTIFYING MEMBERSHIP:

Certify amount of service credited and refund given to former member of your system.

Withdrawal date and total amount withdrawn must be completed. If retirement plan is non-contributory, indicate under Total Amount Withdrawn.

Important: Indicate if member is currently receiving a benefit from your system for this period of service.

Certification must be signed and dated.

Upon completion, return to the State Retirement Agency, 120 East Baltimore Street, Baltimore, MD 21202-1600.

NOTE: If the previous Retirement System is the State Retirement and Pension System of Maryland, this section is to be left blank.

TYPE OF SERVICE REQUESTED

In State Service--Employment with an agency which participates in the State Retirement and Pension System. This includes: State Employment, Permanent Teaching Service, and employment with a participating municipality.

Leave of Absence--Credit for a qualifying approved leave of absence up to a maximum of 2 years.

State Redeposit--Funds previously withdrawn from the State Retirement System of Maryland.

Non-State Service--Credit for out of state and/or private school teaching, federal government, out of state municipal and non-participating municipal service, (may only be claimed in the twelve month period immediately preceding retirement).

Municipal Redeposit--Redeposit of funds withdrawn or credit transferred from a municipal retirement system.

Other--If none of the above apply, describe the type of service to be purchased.

Note: If service may be claimed only in the year of retirement, enter proposed retirement date and amount of service to be purchased. Also, submit Form -9 (Application For an Estimate of Service Retirement Allowance). The proposed effective date of retirement must be within one year of application.

When complete, send this form to the agency or retirement system you have indicated.

NEED HELP?

IF YOU NEED HELP TO COMPLETE THIS FORM, CALL A RETIREMENT COUNSELOR AT
410-625-5555 (LOCAL) OR TOLL FREE 1-800-492-5909.