



Certification of Out-of-State Teaching Service

This form is strictly for the PERS Chapter 238 program. Call PERS or visit our website if this is not the form you need.

Section A: Applicant information (Type or print clearly in dark ink. Illegible forms may be returned to applicant. This could delay your request.)

First name	MI	Last name	Social Security number								
			<table border="1" style="width: 100%; height: 20px;"> <tr> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> </tr> </table>								
Mailing address (street or PO box)			PERS number								
City	State	Zip	Country								
			Date of birth (mm-dd-yyyy)								
Day phone number	Evening phone number		E-mail (optional)								

Section B: Employer information

Former employer name	
Employment began (mo/yr)	Employment ended (mo/yr)
Other names used with former employer	

If you were a public school teacher in another state, you may be eligible to purchase up to four years of retirement credit for that service. You must be a licensed teacher as defined in ORS 342.120; be currently employed by a common school district, union high school district, or an education service district; and not be entitled to a pension or retirement allowance for your out-of-state teaching service.

Instructions

Within the 90 day period preceding your effective retirement date, submit this completed certification, a check payable to PERS for the estimated full cost of the purchase, and the purchase letter from your benefit estimate.

- You must complete Section A and Section B of this form and obtain official certification for each year or partial year of out-of-state service.
- Section C of this form must be completed by the **out-of-state employer**.
- Section D must be completed by the **retirement system** in which you participated during the period of **out-of-state employment**.

I wish to purchase ___ years ___ months of retirement credit for employment as a teacher in a public school in another state. "Teacher" includes all licensed employees in a public school who have direct responsibility for instruction, coordination of educational programs, or supervision or evaluation of teachers.

I authorize the public school employer and retirement system to release any information requested by the Oregon Public Employees Retirement System pertaining to my request for retirement credit.

 Member signature (do not print) Date

Office use only	
<input checked="" type="checkbox"/> PERS	<input type="checkbox"/> OPSRP <input type="checkbox"/> IAP
<input type="checkbox"/> Member	<input type="checkbox"/> Alternate payee
<input type="checkbox"/> Cross reference member SSN	

Providing your Social Security number (SSN) is voluntary. It will be used for confirmation purposes. If you choose not to supply your SSN, it may take PERS staff longer to process your form.

In compliance with the Americans with Disabilities Act, PERS will provide help filling out this form upon request. You may request help by calling 503-598-7377, toll free 888-320-7377, or TTY 503-603-7766.

Section C: To be completed by out-of-state employer

The person named in Section A of this form is a member of the Oregon Public Employees Retirement System (PERS) and wishes to establish retirement credit for **out-of-state teaching service**. Please complete the following for service rendered by the person named in Section A.

Name of public school employer	Term of service during fiscal years (Fiscal year runs from July 1 to June 30)				Full-time	Part-time	If part-time, Full-time Equivalent	Number of months served
	From		To					
	Month	Year	Month	Year				

I certify that the person named in Section A was employed as a teacher during the term of service listed above. "Teacher" includes all licensed employees in a public school who have direct responsibility for instruction, coordination of educational programs, or supervision or evaluation of teachers.

From the official records of _____
Public school

Address _____ Phone number _____

Signature _____ Title _____ Date _____

Please forward this completed form to the **retirement system** in which this person was enrolled during the above term of service. Thank you for your assistance.

Section D: To be completed by out-of-state retirement system

PERS law does not allow retirement credit for service time if the person named in Section A of this form is receiving or entitled to receive a pension or retirement allowance for that same period. Please answer the following questions:

1. Was the individual ever a member of your public retirement system? Yes No
2. Is the individual entitled to a retirement allowance from your system in the form of periodic benefit payments based on this service? Yes No
3. Did the individual refund, withdraw, or forfeit his/her contributions and interest? Yes No
4. Is this an employer-sponsored retirement plan for public employees? Yes No

If no, explain the type of plan _____

From the official records of _____
Retirement system

Address _____ Phone number _____

Signature _____ Title _____ Date _____

Please return this completed form to the person named in Section A.

The member is responsible for obtaining the certification and submitting this completed form to PERS.

Thank you for providing the requested information.