

ESSEX REGIONAL RETIREMENT SYSTEM

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PURCHASE OF PRIOR SERVICE APPLICATION

Members Name: _____

Former Name (if applicable): _____

Last Four Digits of Social Security Number: XXX-XX-_____

Unit in which service was rendered: _____

Approximate period of service: _____

Position Title: _____

Member Phone #: _____

Member Email: _____

Application Directions:

Members: Members of the Essex Regional Retirement System (ERRS) who are interested in purchasing prior non-membership service should complete Section 1 of this form. Upon completion of Section 1, members should submit it to the payroll department of the unit in which the prior non-membership service was rendered. **Members are reminded that any purchases of service must be made while still an active member of the retirement system.** Members interested in purchasing prior refunded service should contact ERRS directly at (978) 739-9151 or via email at info@essexrrs.org.

Payroll Department: Upon receipt of this application from a member of ERRS, the payroll department is asked to list (on the reverse side of this form) the calendar year, position title, hours worked, and the gross amount paid for the above-referenced member's prior non-membership service. Upon completion of this form, the payroll department should submit it, ***along with payroll records from the relevant period of prior non-membership service***, to ERRS. The retirement system must verify all the information contained in this form to the payroll records before a member will be eligible to purchase their prior non-membership service. This information can be submitted via regular mail at the address at the top of this form or electronically at info@essexrrs.org.

Service and Salary Verification:

Payroll departments should use this section to report the applicant's service with your unit. Please list the service in chronological order by CALENDAR YEAR, beginning with the oldest service and ending with the most recent service in terms of HOURS. Please report ALL prior non-membership service with your unit.

Calendar Year	Position Title	Total Hours Worked	Gross Amount Paid

Certification:

I, _____, certify that the information I have provided above is true and accurate.

Signature

Date

Unit

Phone Number

Title of Person Named Above

Email