

PLEASE COMPLETE THIS FORM TO PURCHASE SERVICE (PLEASE PRINT)

Full Name	Social Security Number	
If You Worked Under Another Name, Please Advise	Retirement Date if Applic	able
Home Address (Number and Street and/or P.O. Box		
City or Town/State/Zip	Telephone Number (Home OR Cell)	
Agency Where You are <u>Currently</u> Employed	Start Date	
Work Telephone Number	E-Mail Address if Applicable	
SERVICE YOU WISH TO PURCHASE		
Agency Where Employed	Dates of Service:	Was This Service Refunded?
	//to//	Yes No
	/to/	Yes No
TWO-YEAR RULE Please note, if you are purchasing creditable service you previously withdrew and refunded, or you rolled over the funds to another retirement plan, you may be required to satisfy certain service requirements before you can be eligible for particular retirement benefits. If the above applies to you, and unless you meet one of the applicable exceptions, you would not be eligible to receive a retirement allowance until you have been in active membership service for at least two consecutive years following the start of your new employment with the Commonwealth. We recommend you contact the Board to determine if this applies to you and to review the applicable exceptions. I understand that the State Retirement Board will review this request to determine whether the above service may be purchased pursuant to M.G.L. c. 32 and applicable Board rules and policy.		
Signature	ature Date	

PLEASE RETURN COMPLETED FORM TO: State Retirement Board, One Winter Street, 8th Floor, Boston, MA 02108 For More Information call (617) 367-7770 or 1-800-392-6014 (Mass only)

www.mass.gov/retirement

