TRS DODDSS 09/08

DEPARTMENT OF DEFENSE DEPENDENT SCHOOL SERVICE PURCHASE INFORMATION

Teachers' Retirement System of Alabama
P. O. Box 302150 ♦ Montgomery, AL 36130-2150
334-517-7000 or 877-517-0020
www.rsa-al.gov

Under the provisions of Act 2008-385, an active and contributing member of the Teachers' Retirement System (TRS) with a minimum of 10 years of service credit under the Retirement Systems may purchase Department of Defense Dependent School Service (DODDSS).

The cost for this service is calculated on the actuarial value of this service, which is based on your age, average salary, total service at the time of purchase, and the time remaining until your earliest retirement eligibility date. Your purchase will be audited after the close of the scholastic year in which the purchase is made. Any necessary adjustments will be made based on any changes in the actuarial values used in the calculation.

DODDSS purchased under this Act cannot be used in determining your out-of-pocket cost for health insurance with the Public Education Employees' Health Insurance Plan (PEEHIP). Nor can it be used to qualify for PEEHIP insurance eligibility if you are otherwise not eligible. Purchasing this credit may allow you to retire sooner, but it may not qualify you to continue PEEHIP coverage.

If you desire to purchase DODDSS, please have the National Personnel Records Center provide certification of your service on the attached Certification of Department of Defense Dependent School Service form. The National Personnel Records Center will forward the form to the Office of Personnel Management. Also complete and return the attached Statement of Department of Defense Dependent School Service. Upon receipt of the necessary documentation, the TRS will notify you of the amount to remit to purchase this service.

If you are in receipt of or entitled to a retirement benefit based on this service, you are not eligible to purchase this service.

National Personnel Records Center Civilian Personnel Records 111 Winnebago Street St. Louis, Missouri 63118-4126

Office of Personnel Management Retirement & Insurance Programs Employee Service and Records Center Boyers, Pennsylvania 16067 TRS SDODDSS 09/08

STATEMENT OF DEPARTMENT OF DEFENSE DEPENDENT SCHOOL SERVICE

Teachers' Retirement System of Alabama
P. O. Box 302150 ◆ Montgomery, AL 36130-2150
334-517-7000 or 877-517-0020
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The following information must be provided in order to determine your eligibility to purchase this service. Please attach original or copies of supporting documents which set forth the date of claimed service. Return completed form to the address above.

PART I MEMBER INFORMATION		
Name:		
First	Middle/Maiden	Last
Social Security No.:	Date of Birth:	
Home Phone No.: ()		
Address:	et Address or P. O. Box	
Silek	Address of F. O. Dox	
City	State	Zip
I certify that I am receiving the following benefits for	or my Department of Defense De	ependent School Service:
☐ No benefit.		
☐ Service retirement benefit from Civil Serv	vice or the Department of Defor	222
<u></u>	·	ise.
☐ Disability retirement from Civil Service of	•	
☐ A retirement benefit from any other entity	/ based in whole or in part on th	nis service.
Signature of Member		Date
DART II NOTARY STATEMENT		
PART II NOTARY STATEMENT	_	
STATE OF, COU	INTV OF	
STATE OF, COL	JNTY OF	
On this the day of	, 20, persona	ally appeared before me the said named
		ment, and he/she executed the same and being duly
sworn by me, made oath that the statements in the	application are true.	
	Cimpature of Neter	m. Dublic
(Soal)	Signature of Notar	ry Public
(Seal)	My Commission F	ivnirae

CERTIFICATION OF DEPARTMENT OF DEFENSE DEPENDENT SCHOOL SERVICE

Teachers' Retirement System of Alabama
P. O. Box 302150 ◆ Montgomery, AL 36130-2150
334-517-7000 or 877-517-0020
www.rsa-al.gov

PART I is to be completed by a certifying official of the National Personnel Records Center, Civilian Personnel Records, 111 Winnebago St., St. Louis, Missouri, 63118-4126.

PART II is to be completed by an official of the Office of Personnel Management, Retirement and Insurance Programs, Employee Service and Records Center, Boyers, Pennsylvania 16067.

ıme:								
First	Middle/Maid	den					La	ast
cial Security No.:	<u>-</u> D	ate of	Birth:		/	/		
me Phone No.: ()								
dress:Street Address or								
Street Address or	P. O. Box							
City			State	e				Zip
reby request and authorize the releas	e of the information red	ueste	d on this	s form	n and a	any info	rmatio	n necessary in es
n for Department of Defense Depende	ent School Service.							
ature of Member					Date			
RT I (To be completed by an official o	of the National Borose	nal D		Cant	~~\			
ase list by scholastic or fisc		-			- ,			
	Number of	Terms of Service					Length of	
Name of Employing Unit	Months Service	Мо	From Day	Yr	Мо	To Day	Yr	Length of Contract Year
the member receive credit for this serv	vice under any supplem	nental i	retireme	ent or	pensio		includ	ing but not limited
					-	on plan,		-
REFF, which was funded wholly or partly					-	on plan,		-
REFF, which was funded wholly or partly					-	on plan,		-
d the member receive credit for this serv REFF, which was funded wholly or partly yes, please list the names:					-	on plan,		-

After completing Part I of this form, please forward it to the Office of Personnel Management for completion of Part II.

PART II (To be completed by an official of the Office of Personnel Management)

The person named on the front of this form is an active member of the Retirement Systems of Alabama and wishes to establish credit for his Department of Defense Dependent School Service as reported on the front of this form. Alabama law does not permit the purchase of Department of Defense Dependent School service credit by members who at the time of retirement have credit for or are entitled to any benefits whatsoever for the same service under any other retirement or pension plan except Social Security. Therefore, to assist us in helping this member establish his Department of Defense Dependent School service, please check the appropriate answers to the questions below regarding membership with your system. Your assistance is greatly appreciated.

1.	Did this person establish credit for the service ☐ Yes ☐ No	listed on the front side o	f this form wi	ith your ret	irement syst	em?
2.	Is the member receiving or entitled to receive ☐ Yes ☐ No	a benefit from your syste	em based on	this service	e?	
3.	If the member does not return to government Yes No If yes, when will the member be eligible to beg		o receive a b	enefit from	your system	า?
	in you, inter this the monitor to digital to bot	gir drawing the 2011ons.	Month	Day	Year	
Signature		Title				
Name o	f Retirement System	Date				

Please return this to the address on the front of this form.