MILITARY 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 90-528, and **active and contributing** member of the Retirement Systems of Alabama with **a minimum of 10 years of service** credit under the Retirement Systems may purchase up to four years of active duty military service based upon an honorable discharge.

The cost for this service is calculated based on the actuarial value of this service based on your age, average salary, total service at the time of your 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 and any necessary adjustments will be made based on any changes in the above parameters, which were used in the calculation.

If you desire to purchase your military service, please submit to our office a copy of DD Form 214 or other documentation showing the dates of entry into and discharge from active duty, and your honorable discharge. Also complete and return the enclosed Statement of Military Service. Upon receipt of the necessary documentation, our office will notify you of the cost to purchase this service.

Please be reminded that if you are in receipt of a service connected military retirement benefit, you are **not eligible** to purchase military service. Those persons who are in the National Guard or National Reserve may purchase only active duty military service. Six months basic training or the time period in which you were called into active duty (i.e., the Berlin Crisis, 1961, or the Vietnam Crisis, 1968) is considered active duty military service. Weekend duty or annual training (summer camp) and Merchant Marine duty are not eligible for purchase.

Enclosure: Statement of Military Service

STATEMENT OF MILITARY SERVICE

ACT 90-528

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The following information must be pro-	vided in order to determine your eligibility	to purchase military service.
Name		Social Security No.
Street or P.O. Box Number		
Street of F.O. Box Number		
City	State	Zip Code
I certify that I am a veteran of the Armed F service:	orces of the United States and that I am rece	iving the following benefits for my military
☐ No benefit		
☐ Service retirement benefit from a bran	nch of the Armed Forces.	
☐ Service retirement benefit based partially on my military service from (specify so as Civil Service Retirement, etc.)		(specify source, such
☐ Disability retirement from a branch of	the Armed Forces.	
☐ Disability retirement benefit based partially on my military service fromsuch as Civil Service Retirement, etc.)		(specify source,
Type of Release: ☐ Honorable ☐ O	ther	
Signature		Date
NOTARY STATEMENT		
STATE OF, COUNTY OF		
* *	, who executed the foregoing document	
day of	20 and made oath that the facts sta	ted nerein are true.
	Signature of Notary Public	
Seal	My Commission Expires	

Please attach copies of supporting armed forces documents which set forth dates on which you entered and were separated from active duty.