

**Florida Retirement System Pension Plan
Verification for In-State or Out-Of-State Service Credit**

PO Box 9000
Tallahassee FL 32315-9000

Requirements for Claiming In-State or Out-Of-State Service for FRS Pension Plan Members

- Florida Retirement System Pension Plan members are eligible to purchase up to 5 years of in-state or out-of-state service. All service purchased will be credited as Regular Class service under the FRS Pension Plan.
- The service claimed must have been performed as a public employee participating in a pension plan in Florida or another state or political subdivision of another state. Service with the federal government or military may qualify as out-of-state service.
- Public employment in Florida includes periods of employment in charter schools or in any nonpublic school or college in Florida that is accredited by the Southern Association of Colleges and Schools.
- The member must have completed six years of creditable service. The vesting requirements for FRS members was changed to 6 years of creditable service effective July 1, 2001 for those members who were actively employed on that date. Former members with 6, but less than 10 years of creditable service who were not employed with a participating FRS employer on July 1, 2001, must return to covered employment for one year to become eligible for the six-year vesting provisions.
- You must **not** be eligible to receive a retirement pension or benefit in any other plan, based on the in-state or out-of-state service being claimed under the FRS.
- If you have in-state or out-of-state service with another public employer after leaving FRS employment, you must return to FRS membership and complete one year of FRS creditable service to be eligible to purchase the in-state or out-of-state service.

Applying for In-State or Out-of-State Service Credit

- To apply for in-state or out-of-state service credit, you must complete **Section A** of the Verification For In-State or Out-of-State Service Credit Form (FR-30) and mail the form to the **pension system** where you were previously employed.
- To apply for military service under the out-of-state provision, complete **Section A**, attach a copy of your Form DD-214 (or comparable orders) which has your dates of entry and separation from the military, and mail to the Division.
- The pension system of your former public employer will complete **Section B** of Form FR-30 and mail the form to the FRS.
- Upon receipt of the completed form, we will audit your retirement account and advise you of the cost to claim the service if you are eligible. If you are not eligible to claim the service, we will advise you.

**Florida Retirement System Pension Plan
Verification for In-State or Out-Of-State Service Credit**



PO Box 9000
Tallahassee FL 32315-9000

Section A. To be completed by FRS member and submitted to In-State or Out-of-State Retirement System.

Member Name: _____ Member SSN: _____

Member Address: _____ Member Birthdate: _____

Maiden or other names used:

Home Phone: _____ Work Phone: _____

Florida law provides that I may claim retirement credit for service that was earned in another public pension system provided I will not be eligible to receive a benefit in that public pension system. I was employed by the following employer(s) on the date(s) indicated:

Federal, Out-of-State or Political Subdivision, or
In-State public employer

Fiscal Year Dates (July to June)
Month/Day/Year (MM/DD/YY)

From: _____ To: _____

From: _____ To: _____

From: _____ To: _____

From: _____ To: _____

From: _____ To: _____

From: _____ To: _____

From: _____ To: _____

I authorize the administrator of the applicable retirement system to provide the FRS with the information requested in Section B and any additional data they may require.

Member Signature: _____ Date: _____

Note: If applying to claim military service, complete Section A, attach a copy of your military discharge (Form DD-214); and mail to the Division at the above address.

Section B:

Employee Name: _____ Employee SSN: _____

Maiden or Other Names Used: _____ Birthdate: _____

Was the above employee a member of your retirement or pension plan? _____ Yes _____ No
 If yes, please complete the information below to show the periods of covered employment.

**Dates of Service (MM/YY/YY)
 per fiscal year July 1 - June 30**

**Total Number of
 Months Worked**

**Required Work Year (9, 10,
 11, or 12 Months), if other,
 please explain**

From	To		

Please answer all of the following questions so that we may determine the member's eligibility for in-state or out-of-state credit. If a question is not applicable, please mark N/A.

1. Is your pension plan a defined benefit plan and/or a defined contribution plan? Please check one or both if applicable:

_____ Defined Benefit - Benefits are determined by a defined formula of the plan.

_____ Defined Contribution - Contribution amounts are defined. Benefits are based on the total contributions and earnings in a participant's individual account.

2. Were employer contributions made on the individual's behalf? _____ Yes _____ No

If yes, what is the status of those contributions? _____

3. Did the employee make contributions to their account? _____ Yes _____ No

If applicable, when were the member's contributions withdrawn? _____

If not withdrawn, what is the status of those contributions? _____

4. Is the member eligible to receive a benefit from your system, now or in the future, based on the service in your state?

_____ Yes _____ No

5. Has the member closed his or her retirement account? _____ Yes _____ No

a. If no, please explain account status. _____

6. If the service was performed in a Florida private school, was the school accredited by the Southern Association of Colleges and Schools during the above period of employment? _____ Yes _____ No

I certify that the above information was taken from the official records of (system name) _____ which is a qualified public retirement or pension plan.

Signature: _____ Print name: _____ Title: _____

Date: _____ Address: _____ Phone: (____) _____

Please return completed form to Division of Retirement, PO Box 9000, Tallahassee, FL 32315-9000.