



Montana Teachers' Retirement System

P.O. Box 200139, Helena, MT 59620-0139
406-444-3134 • 866-600-4045 • trs.mt.gov

TRS Office Use Only

FORM 101: VERIFICATION OF SERVICE

Alternative accessible formats of this document will be provided upon request.

Read instructions on Page 3 before completing this form.

PLEASE TYPE OR PRINT LEGIBLY IN DARK INK

Section I. MEMBER INFORMATION – to be completed by member

Full Name: First _____ Middle _____ Last _____ Suffix (*Jr., Sr., etc.*) _____ Date of Birth (*mm/dd/yyyy*) _____
 Maiden or Other Name Previously Reported to TRS _____ Telephone Number _____ Last 4 digits of SSN **XX X - XX -**

Mailing Address – Street or P.O. Box _____ City _____ State _____ ZIP (*use ZIP+4 if known*) _____

I hereby request and authorize the release of information requested on this form and any information necessary in establishing my claim for service.

Member's Signature _____

Date _____

Section II. EMPLOYER INFORMATION – to be completed by certifying officer

Use one line for each school year

Private	Public	Name of Employer	Term of Service during each fiscal year (fiscal year: July 1 – June 30)				Full Time	Part Time	Full-time equivalent (if part time)	Number of months served
			FROM:	TO:						
			mm	yy	mm	yy				
<input type="checkbox"/>	<input type="checkbox"/>						<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/>	<input type="checkbox"/>						<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/>	<input type="checkbox"/>						<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/>	<input type="checkbox"/>						<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/>	<input type="checkbox"/>						<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/>	<input type="checkbox"/>						<input type="checkbox"/>	<input type="checkbox"/>		

NOTE: After completing this section, please forward to the state teachers' retirement system where the service was performed, if applicable.

Position Title (as listed in job description): _____

Essential Duties and Responsibilities: _____

I certify to the Montana Teachers' Retirement System that, according to the official records available to me, the individual named above was employed in a public or private school, college, or university.

Certifying Officer's Name and Title _____ Telephone Number _____

School District, University, or Institution's Mailing Address – Street or P.O. Box _____ City _____ State _____ ZIP (*use ZIP+4 if known*) _____

Certifying Officer's Signature _____

Date _____



Montana Teachers' Retirement System

FORM 101: VERIFICATION OF SERVICE – *Continued*

TRS Office Use Only

Section III. OUT-OF-STATE PUBLIC RETIREMENT SYSTEM INFORMATION (if applicable)

To: Teachers' Retirement System
 From: Montana Teachers' Retirement System
 Subject: Eligibility for Additional Service Credit

The applicant named on Page 1 of this form is an active member of the Montana Teachers' Retirement System (TRS) who wishes to purchase additional service credit based on prior service with your system as verified by a previous employer.

Montana law does not permit the purchase of additional public teaching service credit by a member who is receiving a retirement benefit from another state or who has vested rights to a benefit that will be payable at some date in the future. To help Montana TRS determine whether the applicant named on Page 1 is eligible to purchase additional service credit, please answer the questions below regarding their eligibility for retirement benefits from your retirement system:

1. Do the years of service claimed on Page 1 accurately reflect the service credit on file with your system? YES NO
2. Have the applicant's contributions and interest been withdrawn? YES NO
3. Does the applicant have credit in your system from another state? YES* NO

*Indicate the state(s) and year(s):

_____ FROM _____ TO _____
State(s) *Year(s)*

4. Has this service been certified to any other state? YES* NO

*Indicate the state(s): _____

I certify that the above information reflects the official records of this system.

 Certifying Officer's Name Title Telephone Number

 Institution's Mailing Address - Street or PO Box City State ZIP (use ZIP+4 if known)

 Certifying Officer's Signature Date

Return this completed form to: MONTANA TEACHERS' RETIREMENT SYSTEM
 PO BOX 200139
 HELENA MT 59620-0139



Montana Teachers' Retirement System

FORM 101: VERIFICATION OF SERVICE – *Continued*

MONTANA TEACHERS' RETIREMENT SYSTEM INSTRUCTIONS FOR VERIFICATION OF SERVICE

A member of the Montana Teachers' Retirement System (TRS) may purchase service for public, private, or out-of-state teaching service performed within the United States and its territories or possessions that would have been acceptable if performed in Montana. A member may also be eligible under certain circumstances to qualify teaching service performed outside the United States.

A member who joined Montana TRS on or after July 1, 1973, may not be awarded more than five years of creditable service in any combination of out-of-state service, federal service, military service, private school service, extension service, or service while on leave.

If a member contributed to a public retirement plan other than Social Security while performing out-of-state service, they must receive a refund of their contributions from the other state before qualifying this service in Montana TRS, or rollover the out-of-state public retirement account. They may not purchase out-of-state service if they are receiving credit for the same service in another state. Research assistants and graduate student teaching service do not qualify under Montana TRS.

Steps Required:

1. The member must apply by completing Section I of this form.
2. The member must send this form to the previous employer for completion of Section II.
3. The previous employer must complete Section II and forward the form to the out-of-state public retirement system, if applicable.
4. The out-of-state public retirement system must complete Section III and send the form to the Montana TRS.
5. Montana TRS will determine eligibility to purchase the service, calculate the cost, and advise the member accordingly.
6. A TRS member must complete payment for the purchase of service before their application for retirement benefits can be processed.