



Montana Teachers' Retirement System

1500 East Sixth Avenue
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

In compliance with the Americans with Disabilities Act of 1992, alternative accessible formats of this document will be provided upon request.

Please read the instructions on page 3 before completing this form.

PLEASE TYPE OR PRINT LEGIBLY IN DARK INK

SECTION I: MEMBER INFORMATION

Full Name: First Middle Last Suffix Birth Date (mm/dd/yyyy)

Maiden or other name previously reported to TRS Social Security Number

Mailing Address - City, State, ZIP+4 (if unknown, use 5-digit ZIP code)

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

Use one line for each school year

Private	Public	Name of Employer	Term of service during each fiscal year (fiscal year: July 1 to June 30) FROM TO mm yy mm yy				Full-time	Part-time	If part-time, full-time equivalent	Number of months served
<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"/>		

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 applicant 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 - City, State, ZIP+4 (if unknown, use 5-digit ZIP code)

Certifying Officer's Signature Date

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



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SECTION III: PUBLIC OUT-OF-STATE RETIREMENT SYSTEM INFORMATION (IF APPLICABLE)

To: Teachers' Retirement System

From: Montana Teachers' Retirement System

Subject: Eligibility for Additional Credit

The person named on the front of this form is an active member of the Montana Teachers' Retirement System (TRS) and wishes to establish credit for 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 members who are receiving a retirement benefit from another state or who have vested rights to a benefit that will be payable at some date in the future. Therefore, to assist the Montana TRS in helping this member establish additional service credit, please answer the questions below that will indicate eligibility for retirement benefits from your system. The Montana TRS appreciates your assistance.

- 1. Do the years of service claimed on the reverse accurately reflect the service credit on file with your system? YES NO
- 2. Have the applicant's contributions and/or interest been withdrawn? YES NO
- 3. Does the applicant have credit in your system from another state?
If so, please indicate the state(s) and year(s). YES NO

	FROM	TO
State(s)	Year(s)	

- 4. Has this service been certified to another state (indicate below)? YES NO

Remarks: _____

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

Certifying Officer's Name

Title

Institution's Mailing Address - City, State, ZIP+4 (if unknown, use 5-digit ZIP code)

()

Telephone Number

Certifying Officer's Signature

Date

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



**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 joining the 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 the 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 the 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. The 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 prior to the TRS processing their application for retirement.