THE COMMONWEALTH OF MASSACHUSETTS

State Board of Retirement

ONE WINTER STREET, 8TH FLOOR, BOSTON, MA 02108

CONTRACT SERVICE BUYBACK FORM

(M.G.L. c. 32, § 4 (1) (s))

SECTION A To be completed by **Member**:

1

Name:	
Former Name *(if applicable)*:	
Street Address:	
City, State, Zip:	
Home Phone Number:	
Social Security Number:	

2 CONTRACT SERVICE CRITERIA:

a. Are you a member in service of the State Employees' Retirement System and do you have at least ten (10) years of creditable service with the State? ☐ Yes ☐ No

b. Does the contract service you are looking to purchase immediately precede membership in or re-entry into the State Retirement System? ☐ Yes ☐ No

c. Please report the name of the State agency that employed you for the contract service you are looking to purchase: _____ (Name of the State Agency)

d. Please report the approximate dates of the contract service you are looking to purchase: _____ to _____

3 STATEMENT AND SIGNATURE BY MEMBER

I, the undersigned, certify under the penalties of perjury, that the above information is true and correct. I also understand that once I receive notification from the Board that I am eligible to purchase contract service, I must either make a lump sum payment or enter into an installment agreement within 180 days after the notice. If I fail to do so, I am forfeiting my right to purchase this service and will not be rebilled at any time in the future.

_____ (Signature—**DO NOT PRINT YOUR NAME**) _____ (Date)

Please return form with **Section A** completed to the State Agency that employed Member for Contract Service. **Section B** (on reverse) to be completed by the State Agency.

SECTION B To be completed by **State Agency** that employed Member for Contract Service:

The member of the State Board of Retirement named in Section A has applied to purchase credit for contract service rendered in your agency. Please complete Sections 1–3 (below) and return the form to our member.

1

Agency:	
Agency Address:	
Name of Person Completing This Form:	
Telephone Number:	

2 MEMBER EMPLOYMENT HISTORY:

a. Did the contract service being purchased immediately precede membership in or re-entry into the State Employees' Retirement System? ☐ Yes ☐ No

b. Was the job description of the member in the position compensated from contract funds substantially similar to the job description the member held upon entry into the State Employees' Retirement System? ☐ Yes ☐ No

c. Please provide job titles for contract service position and position as employee (Please attach any relevant documentation):

_____ (Contract Service)

_____ (Employee)

d. Please specify the type of subsidiary account from which the contract services were paid:

_____ (Type of Subsidiary Account)

e. Were the contract services provided through a vendor or temporary staffing agency? ☐ Yes ☐ No

f. Please report service rendered in your agency as a contract employee. For every salary change during the period specified below, there should be a new date range entry and annual salary entry. Each salary date range should be exact to the day. If service was part-time, please indicate percentage of full-time employment:

Period of Employment		Months of Service	Full-time	Part-time %	Annual Salary Rate
From	To				

3 STATEMENT AND SIGNATURE BY AGENCY OFFICIAL:

I hereby certify the above information to be true and correct.

_____ (Signature) _____ (Date)

_____ (Name) _____ (Title)