

REQUIRED Member Number: E or G	Last 4 Digits of SSN	Employee Identification Number

## GENERAL INFORMATION

### Service you may not be eligible to buy back, but not limited to:

- 1 Private company, non-profit organization, the federal government, any government agency outside of New York State
- 2 A contractor/consultant for New York City or State
- 3 Service as a member of TIAA-CREF
- 4 Work/service funded by New York State/City, such as a Research foundation

### Eligibility:

Member must have an active BERS account to be eligible to apply for buy back. No prior service can be credited until you have 2 years of credited service with BERS. You may choose to pay for prior service beforehand, in which case the prior service that you have paid for will be credited once you have completed 2 years of credited service with BERS.

### Applying for Buy Back:

You may request your previous employer to provide all earnings and service information in advance of applying for buy back. BERS does not have access to following payrolls (not limited to):

- HHC, SCA, MTA, CUNY, Charter Schools, New York State payrolls.
- Mayoral Agencies prior 1993
- NYC DOE Per diem/session services prior 2002
- NYC DOE part time/full time service prior 1993.

### Proof of earnings and service accepted

- Employment letter from the previous employer, with full employment history and salary breakdown in calendar year
- Payroll earnings report, and employment history/roster card provided by your employer
- Detailed Social Security earnings report that includes the employer and Employment history/roster card provided by your employer
- NYCDOE service only- Employment records breakdown from the NYCDOE Office of Employment Record Research Department



# PRIOR SERVICE

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**MAILING ADDRESS | 55 WATER STREET, 50TH FLOOR  
NEW YORK, NY10041**

## REQUIRED

Member Number: E or G

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of SSN

Employee  
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This form can be submitted via our document upload link on [nycbers.org](https://nycbers.org).  
You may also submit this form via fax to (718) 935-4124 or (718) 935-3830.

Prefix

☐ Mr ☐ Mrs ☐ Ms ☐ Miss ☐ Other \_\_\_\_\_

Name

M.I.

Last Name

--	--	--

Home/Legal Address

Apt. No.

--	--

City

State

Zip Code

--	--	--

Primary Telephone Number

Secondary Telephone Number

Is this a Cell # <input type="checkbox"/> Yes <input type="checkbox"/> No	Is this a Cell # <input type="checkbox"/> Yes <input type="checkbox"/> No
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**REQUIRED** - Primary Email Address

Secondary Email Address

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Current Employer/Agency

Current Job Title

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## SUMMARY OF PREVIOUS SERVICE

From

To

Salary

MM / DD / YYYY	MM / DD / YYYY	/
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Previous Agency

Previous Title

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OFFICIAL DATE OF RECEIPT

**BERS  
USE ONLY**

- ☐ Recalculation  
☐ Remaining Lump Sum

# PRIOR SERVICE



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**Board of Education  
Retirement System**

**MAILING ADDRESS | 55 WATER STREET, 50TH FLOOR  
NEW YORK, NY10041**

## APPLICATION FOR THE PURCHASE OF PREVIOUS SERVICE

I, the undersigned applicant for previous Service Credit request a calculation of the payment amount necessary for me to purchase credit for service previously rendered by me as indicated below. I understand that BERS must receive this payment by the designated date on the BERS letter to me stating the cost and amount of service purchasable. I acknowledge that failure to provide BERS with payment election by the designated deadline would render my request for previous service purchase void. However, I may reapply by filing another Prior Service Application at any time before my effective date of retirement.

I understand that any person who presents false or fraudulent information in an application with intent to defraud BERS is guilty of a crime and may be subject to fines and confinement in prison.

**DO NOT SIGN OR DATE UNLESS IN FRONT OF A NOTARY**

**Signature**

**REQUIRED** \_\_\_\_\_

**Date** \_\_\_\_\_

State of \_\_\_\_\_ County of \_\_\_\_\_

On this \_\_\_\_\_ day of \_\_\_\_\_ in the year 20 \_\_\_\_\_

personally appeared before me the said \_\_\_\_\_

to me known to be the individual described in and who executed the foregoing document, and he (she) duly acknowledged to me that he (she) executed the same, and the statements contained therein are true.

\_\_\_\_\_  
*Signature of Notary Public or Commissioner of Deeds*

**Affix official seal in the box below**

## PLEASE LIST ADDITIONAL PREVIOUS SERVICE BELOW

From	To	Previous Agency/Title	Salary
MM / DD / YYYY	MM / DD / YYYY		

From	To	Previous Agency/Title	Salary
MM / DD / YYYY	MM / DD / YYYY		

From	To	Previous Agency/Title	Salary
MM / DD / YYYY	MM / DD / YYYY		

