

Manchester Employees' Contributory Retirement System
Simple Instruction Set
Out-of-Plan Service Purchases

1. Complete Part I of Form(s) EOOPS and mail it to the public employee retirement system from which you withdrew service and funds. (You will need to complete multiple forms if you have withdrawn time from multiple plans).
2. Your former Plan will complete Part II and return it to the MECRS.
3. The MECRS will notify you upon receipt of the completed form and will request that you complete and submit Form RACOPS along with a check in payment of the actuarial fee.
4. The MECRS will notify you by registered mail upon receipt of the results of your cost calculation and you will have 60 days in which to make a decision whether to pursue purchase of the time. Payments not received within the 60 day payment window following notification of the actuarially determined cost may result in additional costs inclusive of the need to perform an updated actuarial calculation at your expense.

IMPORTANT NOTE:

Please be sure to notify the MECRS if you intend to request a cost calculation involving periods withdrawn from multiple plans. The multiple responses will be consolidated by the MECRS and submitted to the actuary as one calculation. Failure to comply with this recommended process can result in the need for multiple calculations by the actuary and additional \$500 calculation fees. The MECRS is not responsible for failure to consolidate multiple periods unless notified in advance and the applicant should confirm that the MECRS is including all multiple periods before submitting Form RACOPS and their calculation payment.

**CERTIFICATION OF OUT-OF-PLAN SERVICE AS A PUBLIC EMPLOYEE
(Excludes Certain Types of Service As A Police Officer Or Firefighter)**

NH Chapter 218:29 Laws of 2006 permit members of the MECRS to purchase previous service in other public plans as creditable service in the MECRS. Please refer to the MECRS Summary Plan Description for specific information regarding purchase criteria.

<p>GENERAL INFORMATION AND INSTRUCTIONS: To receive a cost calculation to purchase previous service as a public employee, <u>complete Part I only and forward to your former retirement system</u>. To purchase previous service you must be currently covered by the plan as defined in Chapter 218:7 I. If you have accumulated contributions in the other system; unless such funds are on deposit in a Section 403(b) or 457 governmental deferred compensation plan, they must be removed from the other system before the MECRS will consider your purchase request. Out-of-Plan service as a public employee may be purchased with:</p> <ul style="list-style-type: none"> • A trustee to trustee transfer from a Section 403(b) or 457 plan, • Other post tax dollars, or • A combination of a trustee to trustee transfer from a Section 403(b) or 457 plan and other post tax dollars. <p>FORMER RETIREMENT SYSTEM INSTRUCTIONS: The individual named in Part I has applied for previous service credit with the Manchester Employees' Contributory Retirement System. Please verify eligible service credit by completing Part II and returning this form to the MECRS.</p>

PART I - TO BE COMPLETED BY APPLICANT (Please print)

The applicant hereby grants the MECRS the right to contact their former Retirement System to seek clarification on any information provided by them in Part II below.		
Name:	SS#:	Job Title:
Signature:	Date of birth:	Phones (H) (W)
Mailing address:		
Previous name(s):	Current employer:	

PART II - TO BE COMPLETED BY FORMER RETIREMENT SYSTEM

According to the official records of the _____ Retirement System, the above named applicant earned service credit while employed in the following position(s):

_____ (Indicate employer unit, e.g. City of XXX)

_____ (Indicate position title, e.g. Technician IV)

In Manchester, the purchase of previous service credit is allowed only if the member is not eligible for any benefits in the previous system for the same service credit.

1. State the total amount of service withdrawn from the applicant's account in your system.	Yrs	Mo
2. Was any of the service credit a result of a purchase from another Public State of Federal Retirement Plan? If yes, please identify the plan. _____	___ Yes	___ No
3. Is any of the service, which was credited, less than full time? If yes, please indicate the amount of less-than-full-time service credit. _____	___ Yes	___ No
4. Indicate the first month and year that service was credited to the applicant's account.	___ Yr.	___ Mo
5. Indicate the last month and year that service was credited to the applicant's account.	___ Yr.	___ Mo
6. Has the applicant withdrawn employer accumulated contributions? If yes, indicate the amount of the refund by: Contributions \$ _____ Interest \$ _____	___ Yes	___ No
7. Has the applicant withdrawn employer accumulated contributions?	___ Yes	___ No
8. Can the applicant reinstate these contributions without rejoining the plan?	___ Yes	___ No
9. Is the applicant entitled to any residual retirement benefits for the above service?	___ Yes	___ No
10. Is any of the credit listed for employment for other than public employment?	___ Yes	___ No
11. Please identify if the type of plan in which the applicant participated (401(a), 414(h), etc).		

CERTIFICATION TO BE COMPLETED BY FORMER RETIREMENT SYSTEM

I hereby certify that the information provided in Section II of this form is accurate.

_____	_____	_____	_____
Certifying Official's Name	Certifying Official's Signature	Title	Date
_____	_____	_____	_____
Address	City	State	Zip Code
	(OVER)		Phone Number

