

# Out-of-State or Foreign School Service Credit Certification

OSSC 304 rev 01/17

# CALSTRS

California State Teachers' Retirement System  
P.O. Box 15275, MS 88  
Sacramento, CA 95851-0275  
800-228-5453  
CalSTRS.com

## To purchase out-of-state or foreign school service credit, you must meet the following requirements:

1. You are a member of the CalSTRS Defined Benefit Program.
2. You performed service in a position for a public educational institution, or you performed educational service as an employee of the U.S.
3. You have forfeited or agree to forfeit any benefits you have in another public retirement system, if applicable.

If you **were a member of another public retirement system**, complete and sign page 1 of this form and then forward this packet to that retirement system. Your former retirement system needs to complete and sign page 2 of the form and return the packet to you. If your **former retirement system cannot verify your service credit**, your former employer must complete sections 6 and 7 of the form.

If you performed service in a position for a public educational institution, or you performed educational service as an employee of the U.S., but **were not a member of a public retirement system** while performing that service, complete and sign page 1 of this form and then forward the entire packet to your former employer. Your former employer needs to complete and sign page 3 of the form and mail the entire packet back to you.

Once you receive all the information required, forward the entire packet to CalSTRS at the address above. Unless otherwise stated, your amount of service credit will be based on the California standard of 1,050 hours or 175 days per school year.

Check the appropriate box in section 1 if you have previously submitted valid verification from your former retirement system or employer. You will not be required to verify this information again if CalSTRS has it on file.

## Section 1: Member Information (To be completed by member)

NAME (LAST, FIRST, INITIAL, INCLUDING ANY PREVIOUS NAMES USED)

CLIENT ID OR SOCIAL SECURITY NUMBER

STREET ADDRESS

DATE OF BIRTH (MM/DD/YYYY)

CITY

STATE

ZIP CODE

( )

( )

WORK TELEPHONE

ALTERNATE TELEPHONE NUMBER

EMAIL ADDRESS

FORMER EMPLOYER (INCLUDE STATE OR COUNTRY)

Certification already on file with CalSTRS     I plan to retire within the next 12 months \_\_\_\_\_ (date, if known)

## Section 2: Amount of Service Credit

Amount of out-of-state or foreign school service credit you wish to purchase: \_\_\_\_\_ years.

Check here if you wish to roll over funds from your former retirement system to CalSTRS.

## Section 3: Signature

By agreeing to purchase the amount of service credit indicated above, I fully understand that I am forfeiting all benefits from my former retirement system, if applicable. I may be in violation of the Internal Revenue Code by not forfeiting benefits from another retirement system. I hereby authorize my former retirement system and/or employer to release any information concerning my service and/or account balance to CalSTRS in connection with my application to purchase out-of-state service credit.

I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct. I understand that perjury is punishable by imprisonment for up to four years (Penal Code section 126).

I understand it is a crime to fail to disclose a material fact or to make any knowingly false material statements for the purpose of altering a benefit administered by CalSTRS and it may result in penalties, including restitution, up to one year in jail and/or a fine of up to \$5,000 (Education Code section 22010).



MEMBER'S SIGNATURE

SIGNATURE DATE (MM/DD/YYYY)



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**Out-of-State or Foreign School  
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**Attention Former Retirement System:** Complete the required information below so CalSTRS can determine the cost for the member. Return all information to the member listed on page 1.

MEMBER'S NAME (LAST, FIRST, INITIAL)

CLIENT ID OR SOCIAL SECURITY NUMBER

**Section 4: Credited Service Information** (To be completed by retirement system)

1. Was this individual ever a member of your retirement system? (If the answer is "NO," sign below and return this form to the member listed on page 1.)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
2. Did this member receive credit in your plan for service performed? (If the answer is "NO," explain the type of service performed.)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
3. Enter dates of service (mm/yyyy). Start with the most recent time in your system. From: _____ To: _____ Years of service credit: _____ From: _____ To: _____ Years of service credit: _____ From: _____ To: _____ Years of service credit: _____		
4. Did this member forfeit the right to all benefits under former retirement system? Date of refund: _____ Amount of service credit canceled by refund: _____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
5. If this member does not return to your system, will he or she be eligible to receive a benefit from your system? If the answer is "YES," please explain in the space below. CalSTRS does not allow members to purchase service credit if the member is entitled to retirement benefits under the previous employer's retirement plan.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
6. If the individual is still a member of your retirement system, how many years of service does the member have credited in your system and what is the total contributions and interest on account at this time? Service credit: _____ years                      Contributions and interest \$ _____		

**Section 5: Signature of Retirement System Representative**

I verify that the information provided in section 4 of this document was taken from the official records of this system.

NAME OF RETIREMENT SYSTEM (INCLUDE STATE) \_\_\_\_\_ ( ) TELEPHONE NUMBER \_\_\_\_\_

NAME OF RETIREMENT SYSTEM REPRESENTATIVE \_\_\_\_\_



SIGNATURE OF RETIREMENT SYSTEM REPRESENTATIVE \_\_\_\_\_ DATE (MM/DD/YYYY) \_\_\_\_\_

If unable to complete section 4, fill out section 5 and return pages 1 and 2 to member listed on page 1.

**Comments**

**Out-of-State or Foreign School  
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**Attention former employer:** CalSTRS needs either the number of days or the number of hours worked by the former employee for the period in which they were employed. **Specify if the time worked is in days or hours separately.** This information is required to calculate the amount of service credit your former employee will be able to purchase with CalSTRS. If your records are incomplete, provide as much information as possible. Do not include any documents unless they clearly indicate days/hours worked and the time period covered. If you do not have any record of the former employee or his or her records are no longer available, complete section 7 and return the entire form to the member listed on page 1.

MEMBER'S NAME (LAST, FIRST, INITIAL)

CLIENT ID OR SOCIAL SECURITY NUMBER

**Section 6: Employment and Salary Information**

(To be completed by former employer) **Please put only one school year on each line.**

This school is       Public       Partially public funded       Private

Position held	Employment history From – To (mm/yyyy)	Number of hours/days worked	Hours/days required for full-time equivalent
		<input type="checkbox"/> H <input type="checkbox"/> D	<input type="checkbox"/> H <input type="checkbox"/> D
		<input type="checkbox"/> H <input type="checkbox"/> D	<input type="checkbox"/> H <input type="checkbox"/> D
		<input type="checkbox"/> H <input type="checkbox"/> D	<input type="checkbox"/> H <input type="checkbox"/> D
		<input type="checkbox"/> H <input type="checkbox"/> D	<input type="checkbox"/> H <input type="checkbox"/> D

**Section 7: Former Employer's Address and Signature of Authorized Representative**

I verify that the information provided in section 6 of this document was taken from official records.

NAME OF EMPLOYER \_\_\_\_\_ ( ) TELEPHONE NUMBER \_\_\_\_\_

EMPLOYER ADDRESS \_\_\_\_\_

NAME OF EMPLOYER REPRESENTATIVE \_\_\_\_\_ EMAIL ADDRESS \_\_\_\_\_



SIGNATURE OF EMPLOYER REPRESENTATIVE \_\_\_\_\_ DATE (MM/DD/YYYY) \_\_\_\_\_

If unable to complete section 6, fill out section 7 and return the entire form to the member listed on page 1.

**Comments**

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