



INSTRUCTIONS

PLEASE READ CAREFULLY

File this form to request a Cost Letter for pension credit in TRS for the types of service listed below. The letter will provide you with the cost of this credit and your payment options, but requesting the letter does not obligate you to purchase the credit.

Prior service Creditable service that you performed with a New York City and/or New York State public employer before joining TRS that was not transferred to TRS with your membership.

Note: To save time, you can instead submit a Cost Letter request for your prior service in the secure section of our website.

Amann service Creditable service, such as regular substitute teaching or per diem service, that you performed with a New York City or New York State public employer during a leave of absence from your TRS-eligible position or after separating from service.

Do NOT file this form to claim pension credit for the following type of service:

- **Military service.** To claim credit, submit a "Military Service Credit Request Form" (code SD68).

Benefits of Additional Service Credit

- You are not required to purchase credit for the service you indicate on this form. However, if you do, your prospective service retirement allowance will be higher.
- If you are not vested, you may more quickly attain vested rights and qualify for retirement benefits.
- If you are a Tier III or IV member, purchasing service credit may also enable you to more quickly attain the years of credited service needed to stop or reduce your pension contributions.

Questions and Further Information

- For a breakdown of your Total Service Credit, consult your latest Annual Benefits Statement (ABS), which is available for viewing in the secure section of our website, or submit a "Total Service Letter Request Form (For Tiers III, IV, and VI Members Only)" (code SB66).
- For more information about service credit, please refer to the FAQs on our website.



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**COST LETTER REQUEST FORM
FOR TIERS III, IV, AND VI MEMBERS**



TEACHERS' RETIREMENT SYSTEM
OF THE CITY OF NEW YORK (TRS)
55 Water Street, New York, NY 10041
www.trsnyc.org • 1 (888) 8-NYC-TRS

Please read the instructions on page 1 before completing this form.

(NOTE: Please print in black or blue ink, and initial any changes that you make on this form.)

PART A: Please provide the information below.

First Name	MI	Last Name	Social Security Number (last 4 digits only)
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> - <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Permanent Home Address	Apt. No.	TRs Membership Number	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
City	State	Zip Code	Primary Phone Number (Check one: <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Mobile)
<input type="text"/>	<input type="text"/>	<input type="text"/>	(<input type="text"/> <input type="text"/> <input type="text"/>) <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Email Address	Alternate Phone Number (Check one: <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Mobile)		
<input type="text"/>	(<input type="text"/> <input type="text"/> <input type="text"/>) <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		

Check here if you entered new contact information above. TRS will then update our records based on what you entered.

Please keep your contact information up to date. You can visit our website to update your contact information anytime, or file a "Member's Change of Address Form" (code DM13) with TRS.

PART B: Indicate the type and period(s) of service for which you are requesting credit, and write your initials in the space provided. If you intend to retire within the next 12 months, indicate your expected date of retirement.

Expected date of retirement (if applicable): / /

I request that TRS send me a Cost Letter to purchase credit for the type of service I have indicated below.

Prior service

Period: From / / To / /

Employer's name and address:

Period: From / / To / /

Employer's name and address:

Prior service (continued)

Period: From // To //

Employer's name and address:

Period: From // To //

Employer's name and address:

Amann service

Period: From // To //

Employer's name and address:

Period: From // To //

Employer's name and address:

PART C: Please read the statement and sign and date below. If you are an agent/legal representative signing on the member's behalf, please indicate this.

I hereby request that TRS send me a Cost Letter for the periods of service I indicated in Part B. I understand that I am not required to purchase credit for this service, but that doing so will increase my prospective service retirement allowance. I affirm that, to the best of my knowledge, all information I have provided above is true and correct.

If signing as an agent, I certify that I have no knowledge or notice that my authority as the member's agent has ended by revocation, termination, death, divorce, or otherwise.

CHECK HERE IF YOU ARE SIGNING AS AN AGENT.

YOUR SIGNATURE

YOUR PRINTED NAME

DATE (MM/DD/YYYY)