



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. (However, purchasing pension credit will increase your prospective service retirement allowance.)

Outside teaching service
(Tier I Only)

Creditable teaching and/or pedagogical supervisory service performed on a regular per annum basis in a school or college not maintained by the City of New York (i.e., *prior service that you performed with a public employer outside New York City*).

Amann service
(Tier II Only)

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.

(If you are a participant in the Age 55 Retirement Program, file this form to claim credit for Amann service performed on or after February 27, 2008. For other Amann service, see below.)

Leave of absence without pay (non-military) A period that may be creditable under limited circumstances.

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

- **Prior service** with a New York City public employer (Tier I) or with a New York City and/or New York State public employer (Tier II). To claim credit, contact our Member Services Center and request a personalized "Record of Prior Service" form (code SB146).
- **Amann service** if the following applies to you: 1) You are **not** a participant in the Age 55 Retirement Program; *or* 2) You **are** a participant in the Program (Tier II) and want to claim credit for Amann service performed **before** February 27, 2008. To claim credit, submit a written request, along with documentation of your service, to TRS.
- **Military service.** To claim credit, submit a "Military Service Credit Request Form" (code SD68).

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 I/II Members Only)" (code SD154).
- For more information about service credit, please refer to the FAQs on our website.



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**COST LETTER REQUEST FORM
FOR TIERS I/II 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 are requesting credit for a leave of absence without pay, indicate the type of leave by checking the appropriate box. 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.

Outside teaching service (Tier I only)

Period: From / / To / /

Employer's name and address:

Period: From / / To / /

Employer's name and address:

Amann service (Tier II only)

Period: From / / To / /

Period: From / / To / /

Leave of absence without pay (non-military)

Public employment (NYS or NYC position)

Period: From / / To / /

Period: From / / To / /

Officer or staff member of collective bargaining unit

Period: From / / To / /

Period: From / / To / /

Restoration of health (Tier I only)

Period: From / / To / /

Period: From / / To / /

Study (Tier I only)

Period: From / / To / /

Period: From / / To / /

Federal, NYS, or NYC public welfare service program (Tier I only)

Period: From / / To / /

Period: From / / To / /

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)