

Use this form to determine the cost of your service purchase. When you submit this form, IPERS will generate either a basic cost estimate or an official cost quote.

- IPERS will generate a **basic cost estimate** if you do not have an *Application for IPERS Retirement Benefits* on file with IPERS. The estimate will give you an idea of the cost of a potential future purchase, to help you plan and save for making the purchase at retirement.
- An **official cost quote** is generated when you apply for retirement benefits and final wages are posted, and allows you to purchase service until the expiration date on the quote, which is six months after it is generated. All purchases must be completed by this date. (You are not obligated to purchase service after you receive a cost quote.)

Eligibility: To purchase service, you must be **vested by years of service** and have an *Application for IPERS Retirement Benefits* **on file** with IPERS. **Additional** requirements are listed for each type of service purchase.

Am I required to buy all of the service I qualify for? No. You may purchase service in quarter-year increments. All purchases must be made before the expiration date on your official cost quote.

Service purchases must be made in the following order: 1) buy-up, 2) buy-back with cost credit, 3) buy-back, and 4) buy-in.

Can I roll over money from another retirement plan to purchase service? IPERS will accept money from most qualified retirement plans. A complete list will be provided with your cost quote or estimate.

Can I change my mind after I complete my purchase? You cannot revoke your purchase once your monthly benefit is increased (or 60 days from the date IPERS receives the payment, whichever is earlier). If you make a purchase with a rollover/direct transfer, you cannot revoke your purchase once IPERS has accepted the payment. Make sure a purchase is in your best interest before you proceed.

How do I complete this application?

- ➤ Complete the member information below and sign the affidavit.
- ➤ Review the various types of service purchases and indicate the type(s) you are applying for. Make sure to attach any required documentation.
- > Submit your completed application to IPERS at the address listed below. **IPERS must receive your** *Application for Service Purchase* **before your first retirement benefit payment is issued.**

Once IPERS has received your application, the cost of your service purchase will be calculated. These calculations typically take 3-4 weeks; please file in a timely manner.

Member ID:

City:	State:	Zip:	Phone:	_
Approximate date(s) of retirement:				
Beneficiary's date of birth:	Is the beneficiary	your spous	e? Yes 🗌 No 🗌	
 subject to perjury for making false I understand that if any of the inforeturn the money without interest I understand that any payment for 	e submitted in this applice statements. ormation I submit is latere, and recover any excess larmy service purchase mu	cation is cor found to be benefits pai ast be postn	rect to the best of my knowledge, and that I are incorrect, IPERS may remove the additional std. narked on or before the expiration date indicate pplication has been approved by IPERS.	service
Signature:			Date:	

Name: _____ Street address:

PERS Buy-Back Find Date	
Thereby apply for a basic cost estimate or an official cost quote.	IPERS Buy-Up Credit Conversion
If you have taken an IPERS refund for service completed after July 4, 1953, you may buy back the service for the period covered by the refund. Complete the information below. Employer	
If you have taken an IPERS refund for service completed after July 4, 1953, you may buy back the service for the period covered by the refund. Complete the information below. Employer Start Date End Date Ihereby apply for a basic cost estimate or an official cost quote. IPERS Buy-Back With Cost Credit	\square I hereby apply for a basic cost estimate or an official cost quote.
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□ I hereby apply for a basic cost estimate or an official cost quote. IPERS Buy-Back With Cost Credit	
IPERS Buy-Back With Cost Credit The cost of your buy-back may be reduced if you received a refund before July 1, 1998; were vested in IPERS when you received the refund; and returned to full-time employment before July 1, 1998, with mandatory IPERS coverage. Complete the information below. Employer You Returned to Work With Start Date End Date I hereby apply for a basic cost estimate or an official cost quote. (Please note: Applications for a buy-back with cost credit require additional processing time, up to 4-5 weeks total.) IPERS Buy-Back Because of Disability If you were a vested IPERS member who left covered employment because of an illness or injury, received an IPERS refund, and began receiving Social Security disability or Railroad Retirement disability benefits for that disability, you may be eligible to purchase service for the period covered by the refund. • You must provide IPERS a copy of the applicable disability award letter within 90 days of starting to receive your disability benefits. □ I hereby apply for a basic cost estimate or an official cost quote and have attached a copy of my disability award letter. Buy-Ins for Members of the lowa General Assembly and Part-Time County Attorneys If you served in the lowa Legislature and did not elect IPERS coverage, or as a part-time county attorney and were not IPERS-covered, you may buy this service. If you had any breaks in such employment during the period(s) described below, you must indicate the start and end date of each period. Date Sworn In to Office Date Term Ended House/Senate, or County Name?	Employer Start Date End Date
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IPERS Buy-Back Because of Disability If you were a vested IPERS member who left covered employment because of an illness or injury, received an IPERS refund, and began receiving Social Security disability or Railroad Retirement disability benefits for that disability, you may be eligible to purchase service for the period covered by the refund. • You must provide IPERS a copy of the applicable disability award letter within 90 days of starting to receive your disability benefits. □ I hereby apply for a basic cost estimate or an official cost quote and have attached a copy of my disability award letter. ■ Buy-Ins for Members of the lowa General Assembly and Part-Time County Attorneys If you served in the Iowa Legislature and did not elect IPERS coverage, or as a part-time county attorney and were not IPERS-covered, you may buy this service. If you had any breaks in such employment during the period(s) described below, you must indicate the start and end date of each period. ■ Date Sworn In to Office ■ Date Term Ended House/Senate, or County Name?	Employer You Returned to Work With Start Date End Date
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Member ID:

Member ID:

Leave of Absence/FMLA/Workers' Compensation Buy-In or Free Credit

You may be granted *free* credit for FMLA leave or leave related to a workers' compensation claim that was approved before July 1, 1998, and that ended no later than July 1, 1999. You may *purchase* service for periods of leave that were approved on or after July 1, 1998, and/or extended past July 1, 1999. Up to 1 year of service can be granted or purchased for each leave. Free credit for FMLA leave is limited to 12 weeks in a calendar year.

- Have the following affidavit completed by the applicable IPERS-covered employer(s).
- Employer representative: For FMLA leave and leaves approved before July 1, 1998, attach proof the leave was approved.

Name of IPERS-Covered Employer	IPERS Employer ID	Start Date of Leave	End Date of Leave	FMLA? (Y/N)
I, the undersigned, hereby certify the employee listed on the pabove. I have authority to sign this affidavit as an official reprof a leave of absence could subject the employer and me to prany time period beginning or ending after the employee's terrapplication, or document. I have attached documentation should be a subject to the employee's terrapplication, or document.	esentative of the enosecution for frauc mination from emp	mployer. I ackno d. I agree IPERS bloyment as certi	owledge incor credit will not	rect reporting be granted for
Official's signature:		Date:		
Official's title:		Phone:		
\Box I, the applicant listed on page 1 of this form, hereby apply	for a basic cost est	imate or an offic	ial cost quote.	

Veteran's Buy-In or Free Credit

You may purchase IPERS service for active duty in the Armed Forces of the United States. Submit a copy of DD Form 214 (or other acceptable military records) to verify the dates of your active-duty military service.

You may be eligible for free service if you **left from and returned to IPERS-covered employment within 1 year of your military service**. If your military service was before December 14, 1994, please complete this form and return it to IPERS to find out if you qualify for free military credit. **If your military service was after December 14, 1994**, you must complete the *Application for Free Military Credit*. You can obtain the form from www.ipers.org, or by contacting IPERS. Disability pay received from the U.S. Department of Veterans Affairs that is not payable in place of retirement benefits will not impact your ability to purchase service.

Are you eligible to receive a military retirement benefit from this active-duty service (except for military retirement pay granted for nonregular service—for example, service in the military reserve)?

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Yes:	No:	If yes, you are not eligible	e.

☐ I hereby apply for a basic cost estimate or an official cost quote and have attached a copy of my DD Form 214.

		Mer	mber ID:
Optional Coverage Buy-In			
You may purchase service for past employment with optional coverage for that employment. You must not be eligible to reeligible for a retirement benefit for this period of employment	eceive a retiremen	t benefit based	d on this employment. (If you are
Complete the following information. If you had any breaks in period of employment.	n employment, yo	ou must give t	he start and end dates for each
Name of Employer	Start Date	End Date	Eligible to Receive Retirement Benefit? (Y/N)
☐ I hereby apply for a basic cost estimate or an official cost of	quote.		
Other U.S. Public Employment Buy-In			
You may purchase service for employment with a public emptoreceive a retirement benefit based on this employment. (If employment, you may apply for a "nonqualified" service purchasely. Complete the following information. If you had any breaks in	you are eligible for rchase below.)	or a retiremen	t benefit for this period of
period of employment. Name of Employer	Start Date	End Date	Eligible to Receive Retirement Benefit? (Y/N)
☐ I hereby apply for a basic cost estimate or an official cost of	quote.		·
Nonqualified Service Purchases (Nonqualified	Buv-Ins)		
Nonqualified service purchases do not have to be linked to an includes service that is not qualified service, periods of time i "air time"), and service in public employment (excluding mil benefits.	ny particular type in which you did	not perform a	ny services at all (also known as
You may purchase up to 20 quarters of nonqualified service,	if you have at leas	st 20 quarters	of covered wages on file.
\square I hereby apply for a basic cost estimate or an official cost of	quote.		