

REEMPLOYED TIER IIA MEMBERS ONLY

STATE OF CONNECTICUT
OFFICE OF THE STATE COMPTROLLER
RETIREMENT SERVICES DIVISION

**RETIREMENT CREDIT
RESTORATION REQUEST**

CO-1089 Revised 8/2015

DESCRIPTION OF RESTORATION OPPORTUNITIES AND INSTRUCTIONS:

To purchase previously withdrawn retirement credit, the member must be a State Employee Retirement System (SERS) Tier IIA member without a permanent break in service. A permanent break in service occurs if you have had a break in service, you are not vested, and the period from your severance from service date to your reemployment commencement date equals or exceeds your Tier IIA vesting service prior to that severance, or five years, whichever is greater.

To receive a cost calculation to reinstate previous Tier IIA retirement credit, fill out this form and return to:

Retirement Services Division
Attn: Retirement Purchase Unit
55 Elm Street
Hartford, CT 06106-1775

Cost to Tier IIA member: Monies previously withdrawn plus five per cent interest per annum from REFUND date to application date.

MEMBER IDENTIFICATION					
EMPLOYEE NUMBER	MEMBER NAME (Last)	First Name	M.I.	BARGAINING UNIT	LAST 4 DIGITS OF SOC. SEC. NUMBER
CURRENT AGENCY/INSTITUTION			MOST RECENT HIRE DATE	PRESENT CONTRIBUTION LEVEL (2% non-hazardous duty; 5% hazardous duty)	
MEMBER MAILING ADDRESS (street number, street name, city, state, zip code)				MEMBER TELEPHONE NUMBER (where you can be reached between 8:00 a.m. & 4:00 p.m.)	

MEMBER REQUEST FOR A COST CALCULATION TO REINSTATE RETIREMENT CREDIT

- Indicate the approximate time period and place of employment for all withdrawn service.

- If service was performed under another name, please specify: _____

Previous Agency	Employment Period(s)		Position Held	Part-time or Full-Time
	From:	To:		

MEMBER STATEMENT

I understand that this request for a calculation is non-binding. I acknowledge that I am a SERS - Tier IIA Member.

MEMBER SIGNATURE	DATE
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EMPLOYING AGENCY PART

All required supporting documents listed in description and instructions are attached.

AGENCY CONTACT PERSON (PLEASE PRINT)	BUSINESS UNIT	TELEPHONE NUMBER	DATE
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