

For **TIER III Plan Members** - check here

For **Hybrid Plan Members** - check here

**RETIREMENT CREDIT  
RESTORATION REQUEST**

STATE OF CONNECTICUT  
RETIREMENT SERVICES DIVISION  
OFFICE OF THE STATE COMPTROLLER

**PLEASE TYPE OR PRINT**  
Any alterations to this form will NOT be accepted

CO-992 - Revised 8/2015

**DESCRIPTION OF RESTORATION OPPORTUNITIES AND INSTRUCTIONS:**

To purchase previously withdrawn retirement credit, the member must be either a State Employee Retirement System (SERS) Tier III member or a Hybrid plan member without a permanent break in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 vesting service prior to that severance, or five years, whichever is greater.

To receive a cost calculation to reinstate previous Tier III or Hybrid Plan 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**Cost to member:** Monies previously withdrawn plus five per cent interest per annum from REFUND date to application date.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. #
CURRENT AGENCY/INSTITUTION			MOST RECENT HIRE DATE	PRESENT CONTRIBUTION LEVEL (2% non-hazardous duty; 5% hazardous duty; 5% Hybrid Plan)	
MEMBER MAILING ADDRESS (street number, street name, city, state, zip code)			MEMBER TELEPHONE NUMBER (where you can be reached between 8 a.m. & 4 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- Indicate the approximate time period and place of employment for all withdrawn service.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 either a SERS - Tier III Member or a Hybrid Plan Member.

MEMBER SIGNATURE

DATE

**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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