

**APPLICATION TO PURCHASE PENSIONABLE SERVICE**  
Lawrence Retirement Board

**TO BE COMPLETED BY THE EMPLOYEE (PLEASE PRINT ALL INFORMATION)**

Type of Service  Prior Refunded Svc  Did not pay into retirement

EMPLOYER:

SURNAME:

GIVEN NAME(S):

Last 4 SIN:

ADDRESS:

ARE YOU RETIRING?  Yes\*  No

If yes, indicate retirement date: \_\_\_\_\_

\*priority will be given to your application

EMAIL ADDRESS:

Telephone no. : ( ) -

I wish to receive a cost breakdown for purchasing the following period of pensionable service:

from: \_\_\_\_\_  
year month day

to: \_\_\_\_\_  
year month day

**TYPE OF SERVICE** (check one – enter requested information and attach requested proof of service)

**Service for which I have received a refund from this pension plan.**  
**Lawrence Pension Plan, or if from another Community –**  
**(Specify Town: \_\_\_\_\_)\*.**

\* We will contact the community you refunded from to acquire transcripts

Approximate date refund received: \_\_\_\_\_ Last name if different: \_\_\_\_\_

**Prior Lawrence non-contributory service**

Please list dates, department and position and, we will try and acquire the records

**Prior non-contributory – Full-time service - Other Community**

Please acquire and attach proof of service confirming dates worked, position held and hourly breakdown. We require payroll records or W2's along with confirmation from the payroll department of the community you worked in. - breakdown on page 2

**Prior non-contributory – Part-time service - Other Community**

Please acquire and attach proof of service confirming dates worked, position held and hourly breakdown. We require payroll records or W2's along with confirmation from the payroll department of the community you worked in. - breakdown on page 2

I certify that I have not contributed to any other pension plan during the period stated above.

EMPLOYEE SIGNATURE

DATE

**TO BE COMPLETED BY RETIREMENT BOARD**

I hereby certify that the person identified above is presently a contributor to this pension plan and that th salary is: \$ \_\_\_\_\_  Biweekly  Monthly

DATE:

SIGNATURE

DATE

## **CONFIRMATION OF EMPLOYMENT RECORD**

**THE CONFIRMATION OF EMPLOYMENT RECORD IS TO BE COMPLETED ONLY FOR APPLICATIONS TO PURCHASE ELIGIBLE PRIOR NON-CONTRIBUTORY SERVICE.**

Current contributors to the Lawrence Retirement System who had a period of employment in Public Service in the Commonwealth of Massachusetts, may be eligible to purchase this service as prior non-contributory based on the following guidelines:

- a) The employee must be a member of the Lawrence System at the time of application.
- b) The employee did not contribute to another pension plan during this period.
- c) Service is eligible for purchase under MGL, Chapter 32 and the boards by-laws

**PLEASE COMPLETE THE INFORMATION BELOW AND SUBMIT WITH THE APPLICATION TO PURCHASE PENSIONABLE SERVICE.**

Employee Name: \_\_\_\_\_ SIN: \_\_\_\_\_

Commencement Date	End Date	Employed By

Written documentation acceptable to verify each period of employment must be attached.  
(Payroll records and W2's or record of employment broken down by position, hours worked and pay received supplied by a payroll department. Helpful: letter of/or offer/termination, personnel records or other relevant documentation)

***I would like to inquire with the board to see if my time is eligible for a purchase of service.***

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date Signed