

RICHMOND RETIREMENT SYSTEM (RRS) Section 22-177 Purchase of Prior Service

ELIGIBILITY:

Retirement Code Section 22-177 Purchase of Prior Service

Any member in service who has completed five (5) or more years of creditable service may purchase credit for service for all or part of the following:

- 1) Certified creditable service in a retirement system of another state or political subdivision, provided that the service will not be considered in the calculation of any retirement benefit by another retirement system, and/or
- 2) Full-time service rendered to the City of Richmond on a temporary, seasonal, provisional, Comprehensive Employment Training Act (CETA) or contractual basis, provided that such period has not been previously included in the creditable service.

PAYMENT:

Payment may be made in a lump sum or by payroll deduction in equal installments over a period not to exceed the service credit being purchased. For each year of service to be credited the member must pay the following percentage of their present annual compensation or the average annual compensation during the thirty-six (36) highest consecutive months of creditable service, whichever is greater:

Police Officers/Firefighters: 15%

General Employees: 10%

HOW TO APPLY:

- 1. Complete Section One of the Certification of Service Form and forward to the appropriate employer(s) to certify your employment for the period(s) of service you want to purchase. Request that the form be completed and returned to the RRS address listed below:
- 2. When the RRS receives the Certification of Service Form, you will be contacted to come into the office and complete the Service Credit Application.

Upon receipt of the above mentioned forms, the RRS will research your records and notify you as to whether or not you are eligible to purchase service and the cost of the purchase.

If applicable, after certification, the RRS will forward your service credit application form to the City's Finance Department for processing of payroll deductions.



CERTIFICATION OF SERVICE FORM

please type or print in ink

The employee listed below is interested in purchasing service credit for previous employment with your agency in order to have more service credit with the RRS. Please provide the employment information requested in Part 2 of this form and return it to the RRS at the address listed below.

PART 1: To be Completed by the	Employee					
Please complete this section and forward the	e form to your former employer to comp	lete Part 2.				
SECTION A: MEMBER INFORM	MATION					
Name:						
SSN:	Date of Birth:	Date of Birth:				
Address:						
City:	State:	Zip:				
Work Phone:	Home Phone:	Home Phone:				
	•					
SECTION B: SERVICE INFORM	IATION (Period of Service to be Pu	chased)				
From (mm/dd/yyyy):						
To (mm/dd/yyyy):						
SECTION C: AGENCY INFORM	IATION (Government Agency Wher	e this Period of Service Occurr	red)			
Name of Agency:						
Address:						
City:	State:	Zip:				
	•	•				
SECTION D: RETIREMENT SYS	STEM INFORMATION (Retiren	aent System Information from t	this Period)			
Name of Retirement System:						
Address:						
City:	State:	Zip:				
	•					
SECTION E: MEMBER SIGNAT	URE					
I hereby authorize the RRS to obtain connection with my application to pu	•	mployment that may be req	uired in			
Signature:		Date:				



PART 2: To be Con	npleted by the Emplo	yer/Retire	ment Syste	m		
Employing Agency		Employed		Specify Service Full Time or Other		
		From To				
List all period(s) of u	ncompensated leaves of	of absence	and/or perio	od(s) of unce	ompensated time.	
From:	То:	Type/Description:				
From:	То:	Type/Description:				
1. Was this individua	l ever a member of you	ur retireme	nt system?	☐ Yes	□ No	
	eceiving or entitled to a the service shown abo		enefit from	□ Yes	□ No	
	_	_		_	larification because the Code of the of a retirement benefit by another	
3. Has this individual service from another	l received credit for any retirement system?	y public, ou	ıt-of-state	□ Yes	□ No	
I hereby certify that t	he above information v	was taken f	rom our off	icial records	S.	
Signature:					Date:	
Name:		Title:				
Government Agency	:					
Address:						
City:			State:		Zip:	
RRS Use Only						
Total Service Credit	Years:			Months:		
Counts towards retire	ement eligibility	□ Yes	□ No	Cost to Pu	Cost to Purchase:	
Certified By:			Approved	L Rv:		