



ARIZONA STATE RETIREMENT SYSTEM (ASRS)
AFFIDAVIT OF OTHER PUBLIC SERVICE INSTRUCTIONS

Phoenix (602) 240-2000
Tucson (520) 239-3100
Toll-free (800) 621-3778
Fax (602) 240-2096
www.azasrs.gov

Note: You may only purchase service with a qualified public employer such as the federal government, a city, county, state, public school, or public university. You are limited to a single active service purchase request for a public employer at one time.

Return the completed affidavit to the ASRS within 90 calendar days of submitting your purchase request. The ASRS will mail you a cost invoice within approximately 15 business days of receiving a properly completed affidavit.

Restrictions

- Members with an ASRS membership date on or after July 1, 2010, are required to have at least 5 years ASRS of credited service before initiating a Service Purchase request, except for previously forfeited service.
- Members with an ASRS membership date prior to July 20, 2011, may purchase any and all eligible service. Members with a membership date on or after July 20, 2011, are limited by state statute to the purchase of 5 years of eligible service.
- Nonprofit, private universities/schools and private sector service do not qualify for purchase.
- Service that overlaps with previously earned or purchased time may not be purchased.
- Do not complete this affidavit if you are attempting to purchase service with an ASRS employer. Contact the ASRS offices for an *Affidavit of Public Service with an ASRS Employer* form.
- Political subdivision employment with a territory, commonwealth, overseas possession, and/or insular area of the United States must be purchased using pre-tax rollover(s) and/or a payroll deduction authorization agreement.

Filling Out The Affidavit

SECTION 1 – Member Information

- Fill in your personal information.
- List your former public employer’s information and a human resources contact person currently working for the employer.

SECTION 2 – Employment Information

- List service by ASRS fiscal years (July 1 – June 30). Use a 20xx – xx format (ex. 2001-02).
- List each fiscal year on a separate line. For additional fiscal years you must complete a new affidavit in its entirety, including both page 1 and 2.
- Place an “x” or “√” for each month worked. You must have worked at least one day in each month.

SECTION 3 – Verification of Ineligibility for Benefits from Previous Retirement System or Plan

- If you did NOT participate in the employer’s retirement system or plan during the time period listed in SECTION 2, check the box beside Option “A” and proceed to SECTION 4.
- If you did participate in the employer’s retirement system or plan, check the box beside Option “B” and initial only one statement that applies to you.
 - Fill out the name of your previous retirement system or plan.
 - Make arrangements to forfeit your benefits from your previous retirement system or plan, if this applies to you. Be prepared to either use the funds as a pre-tax rollover payment or to provide evidence of the forfeiture no later than 30 days after your service purchase invoice is issued.

SECTION 4 – Statements of Understanding, Signature and Notary

Carefully read each statement of understanding. This affidavit must be signed and notarized. Your signature confirms understanding.

Contact Us

Should you need further information, please visit our public website at www.azasrs.gov, log in to your secure myASRS account at secure.azasrs.gov to send a secure email or call us at one of the phone numbers shown above.



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COMPLETE AND SEND
 TO: ASRS - Member Services
 PO Box 33910
 Phoenix, AZ 85067-3910

Phoenix (602) 240-2000
 Tucson (520) 239-3100
 Toll-free (800) 621-3778
 Fax (602) 240-2096
www.azasrs.gov

Disclosure of your Social Security number is mandated by Section 6109 of the Internal Revenue Code. The ASRS will use Social Security numbers only to obtain information about an individual's ASRS account and to inform the Internal Revenue Service of distributions and withholdings with respect to the individual's account.

SECTION 1 – Member Information				
Social Security Number	Name (Last)	(First)	(Middle Initial)	Gender <input type="checkbox"/> M <input type="checkbox"/> F
Other Names Used During Your Employment				
Current Mailing Address			Marital Status <input type="checkbox"/> Single <input type="checkbox"/> Married	
City	State	ZIP	Date of Birth (MM/DD/YYYY)	
Personal Email Address	Primary Phone ()	Secondary Phone ()	Mobile Phone ()	
I certify I was employed by the following public employer during the dates listed below and have not received a retirement benefit for the time I am requesting.				
Name of Former Employer (Use a separate affidavit for each employer.)			Position Held	
Address of Employer			Human Resources or Personnel Contact Person	
City	State	ZIP	Telephone Number of Contact Person ()	

SECTION 2 – Employment Information (List each fiscal year on a separate line.)												
Fiscal Year (use 20xx–xx format)	Check each month worked.											
	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun
Example: 2001-02					X	X	X					
-												
-												
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For additional fiscal years you must complete a new affidavit in its entirety.



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Social Security Number	Member Name (Last)	(First)	(Middle Initial)
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SECTION 3 – Verification of Ineligibility for Benefits from Previous Retirement System or Plan

Check either A or B.

A. I did not participate in a retirement system or plan during the time period(s) listed.

Or

B. I did participate in a retirement system or plan during the time period(s) listed.

If you checked B, complete and initial only the statement below that applies to you.

I am not eligible for a benefit from the _____ Retirement System
 _____ or Plan because I took a refund from the system or plan on or about _____ (MM/YYYY).
Initials

The system or plan was non-contributory. There were no benefits when I terminated my membership in
 the _____ Retirement System or Plan.
Initials

I am currently eligible for a retirement benefit from the _____ Retirement System or Plan, but I will either be utilizing the funds as a pre-tax rollover payment or will
 provide proof that I have forfeited my benefits from that system or plan by the 'Due Date' listed on the
 forthcoming Service Purchase Invoice.
initials

SECTION 4 – Statements of Understanding, Signature, and Notary

By my signature below, I certify I have read and understand the following:

- Any person who knowingly makes any false statement, or who falsifies or permits to be falsified any record of the retirement plan with an intent to defraud the plan, is guilty of a Class 6 felony pursuant to Arizona Revised Statutes § 38-793.
- This transaction is subject to audit. If any errors or misrepresentations are discovered as a result of an audit, my total credited service with the ASRS will be adjusted as necessary and if I am retired, my retirement benefit will also be adjusted. Any overpayment(s) will be refunded, however, if a payment made with a rollover or pre-tax dollars is returned to me, there may be tax consequences as a result of this refund.
- An audit may determine I am eligible for a benefit from the retirement plan listed above after I have already been allowed to purchase service from the ASRS because I indicated I was not eligible for a benefit. If this occurs, I will immediately take the steps necessary to forfeit my benefit in that retirement plan. I understand if this forfeiture is not completed in a reasonable time, any ASRS service I have purchased based on the employment listed above will be revoked and my money will be refunded.

Signature and Notary

Member Signature	Date
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State of _____)

)

County of _____)

)

On this _____ day of _____, 20_____, before me personally appeared

_____ (name of signer), whose identity was proved to me on the basis of satisfactory evidence to be the person whose name is subscribed to this document, and who acknowledged that he/she signed the above/attached document.

(seal)

 Notary Public