



ARIZONA STATE RETIREMENT SYSTEM (ASRS)
AFFIDAVIT OF PUBLIC SERVICE WITH AN ASRS
EMPLOYER 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 a city, county, state, public school, or public university/junior college. You must list employment with only one employer per affidavit and are limited to one purchase at a 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.
- 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 a non-ASRS employer. Contact the ASRS offices for an *Affidavit of Other Public Service*.
- Do not complete this affidavit if you are attempting to purchase service you previously forfeited from the ASRS. Contact the ASRS offices to submit a forfeited service purchase request.

Filling Out The Affidavit

SECTION 1 – Member Information

- Fill in your personal information.
- List your former ASRS 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.
- Place an “x” or “√” for each month worked. You must have worked at least one day in each month.
- For each fiscal year listed, indicate if you worked 20 or more hours per week for 20 or more weeks. If you mark “yes” **and** the service is not more than 15 years old, complete Section 3. If you mark “no,” proceed to Section 4.

SECTION 3 – Contributions Not Withheld (Complete only if you answered “yes” to any fiscal year in Section 2.)

- If you worked 20 or more hours per week for 20 or more weeks during a fiscal year within the last 15 years, your employer may have made an error and possibly should have withheld retirement contributions. Further details are provided in the enclosed *Contributions Not Withheld Fact Sheet*.
 - Check the box indicating the ASRS should mail you a *Contributions Not Withheld* form. You must bring the form to your employer for completion.

OR

- Check the box indicating you are enclosing a *Contributions Not Withheld* form completed by your employer (or a letter from the employer with the same information the *Contributions Not Withheld* form contains).

OR

- Check the box indicating you do not have sufficient proof to prove hours and salary.

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.



ARIZONA STATE RETIREMENT SYSTEM (ASRS)
AFFIDAVIT OF PUBLIC SERVICE WITH AN
ASRS EMPLOYER

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 ASRS employer during the dates listed below and did not contribute to the ASRS.														
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.												Did you work 20 or more hours for 20 or more weeks?	
	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Yes	No
	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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AFFIDAVIT OF PUBLIC SERVICE WITH AN ASRS EMPLOYER

Social Security Number	Member Name (Last)	(First)	(Middle Initial)
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SECTION 3 – Contributions Not Withheld (Complete this section only if you marked “yes” in Section 2.)

Read the Instructions for SECTION 3 to see if this applies.

Please check one of the following:

I believe a Contribution Not Withheld (CNW) error occurred during the time listed in Section 2. I am requesting the ASRS mail me a *Verification of Contributions Not Withheld* form that I will bring to the employer for completion.

Or

I am enclosing a *Verification of Contributions Not Withheld* form completed by the employer or a letter from the employer including salary and hours worked per fiscal year.

Or

I do not have sufficient documentation to prove both hours and salary **OR** my request is for time more than 15 years ago. I understand, therefore, that this request will be processed as Other Public Service Non-participatory with an ASRS employer.

SECTION 4 – Statements of Understanding, Signature, and Notary

By my signature below, I certify that 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 with pre-tax dollars is returned to me, there may be tax consequences as a result of this refund.

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