MUNICIPAL POLICE EMPLOYEES' RETIREMENT SYSTEM

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REQUEST COST TO:
REPAY REFUND / PURCHASE PRIOR SERVICE / PURCHASE MILITARY SERVICE

NAME: _____ SOCIAL SECURITY #: _____

EMAIL: _____ DATE OF EMPLOYMENT: _____

MAILING ADDRESS: _____ MUNICIPALITY: _____

_____

TELEPHONE NUMBER: _____

I request a computation on the cost to repay/purchase the following:

_____ **REPAY REFUND(S)**

Applies only to members who previously contributed to MPERS and withdrew their contributions.

Date of Refund: _____ Dates Refunded: _____ to _____
Date of Refund: _____ Dates Refunded: _____ to _____
Date of Refund: _____ Dates Refunded: _____ to _____
Date of Refund: _____ Dates Refunded: _____ to _____

☐ Please check if this is for an actuarial transfer and/or to establish a Reciprocal Agreement.
System in which you are currently active: _____

_____ **PURCHASE PRIOR SERVICE**

Service time to be purchased: From: _____ To: _____

On a separate sheet of paper, list salary information for the time period you wish to purchase in months, quarters, or fiscal years. This information can be obtained from your municipality. Copies of payroll records are required to substantiate service at the time of purchase.

_____ **PURCHASE MILITARY SERVICE**

Amount of time to be purchased: _____

A maximum of 4 years military service can be purchased.
Include copy of Statement of Retirement Points or DD214. Must indicate HONORABLE discharge on DD214.

_____ _____
Signature Date