

**Florida Retirement System Pension Plan  
Verification for In-State or  
Out-Of-State Service Credit**

PO BOX 9000 Tallahassee, FL 32315-9000  
Local Phone: 850-907-6500 Toll Free: 844-377-1888 FAX: 850-410-2010

**Requirements for Claiming In-State or Out-Of-State Service for  
Florida Retirement System (FRS) Pension Plan Members**

- Florida Retirement System Pension Plan members are eligible to purchase up to 5 years of in-state or out-of-state service. All service purchased will be credited as Regular Class service under the FRS Pension Plan.
- The service claimed must have been performed as a public employee participating in a pension plan in Florida or another state or political subdivision of another state. Service with the federal government or military may qualify as out-of-state service.
- Public employment in Florida includes periods of employment in charter schools or in any nonpublic school or college in Florida that is accredited by the Southern Association of Colleges and Schools.
- In-State or Out-of-State Service cannot be used towards the years required to be vested.
- If you have in-state or out-of-state service with another public employer after leaving FRS employment, you must return to FRS membership and complete one year of FRS creditable service to be eligible to purchase the in-state or out-of-state service.

**Applying for In-State or Out-of-State Service Credit**

- To apply for in-state or out-of-state service credit, you must complete **Section A** of the Verification for In-State or Out-of-State Service Credit Form (FR-30) and mail the form to the **pension system** where you were previously employed.
- To apply for military service under the out-of-state provision, complete **Section A**, attach a copy of your Form DD-214 (or comparable orders) which has your dates of entry and separation from the military, and mail to the Division of Retirement.
- The pension system of your former public employer will complete **Section B** of Form FR-30 and mail the form to the Division.
- Upon receipt of the completed form, we will audit your retirement account and advise you of the cost to claim the service if you are eligible. If you are not eligible to claim the service, we will advise you..

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**Section A.** To be completed by FRS member and submitted to In-State or Out-of-State Retirement System.

Member Name	_____	Member SSN	_____
Member Address	_____	Member Birthdate	_____
	_____	Maiden or Other	_____
	_____	Names Used:	_____
	_____		_____
Home Phone	_____	Work Phone	_____

Florida law provides that I may claim retirement credit for service that was earned in another public pension system provided I will not be eligible to receive a benefit in that public pension system. I was employed by the following employer(s) on the date(s) indicated:

Federal, Out-of-State or Political Subdivision, or In-State public employer	Fiscal Year Dates (July to June) Month/Day/Year (MM/DD/YY)
_____	From: _____ To: _____
_____	From: _____ To: _____
_____	From: _____ To: _____
_____	From: _____ To: _____
_____	From: _____ To: _____
_____	From: _____ To: _____
_____	From: _____ To: _____

I authorize the administrator of the applicable retirement system to provide the FRS with the information requested in Section B and any additional data they may require.

Member Signature \_\_\_\_\_ Date \_\_\_\_\_

Note: If applying to claim military service, complete Section A, attach a copy of your military discharge (Form DD-214); and mail to the Division of Retirement at the above address.

**Section B:**

Employee Name: \_\_\_\_\_ Employee SSN: \_\_\_\_\_  
Maiden or Other Names Used: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Was the above employee a member of your retirement or pension plan? \_\_\_\_\_ Yes \_\_\_\_\_ No  
If yes, please complete the information below to show the periods of covered employment.

Dates of Service (MM/YY/YY) per fiscal year July 1 - June 30		Total Number of Months Worked	Required Work Year (9, 10, 11, or 12 Months), if other, please explain	
From	To			

**Please answer all of the following questions so that we may determine the member's eligibility for in-state or out-of-state credit. If a question is not applicable, please mark N/A.**

1. Is your pension plan a defined benefit plan and/or a defined contribution plan? Please check one or both if applicable:

\_\_\_\_\_ Defined Benefit - Benefits are determined by a defined formula of the plan.  
\_\_\_\_\_ Defined Contribution - Contribution amounts are defined. Benefits are based on the total contributions and earnings in a participant's individual account.

2. Were employer contributions made on the individual's behalf? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, what is the status of those contributions? \_\_\_\_\_

3. Did the employee make contributions to his or her account? \_\_\_\_\_ Yes \_\_\_\_\_ No

If applicable, when were the member's contributions withdrawn? \_\_\_\_\_

If not withdrawn, what is the status of those contributions? \_\_\_\_\_

4. Is the member eligible to receive a benefit from your system, now or in the future, based on the service in your state?

\_\_\_\_\_ Yes \_\_\_\_\_ No

5. Has the member closed his or her retirement account? \_\_\_\_\_ Yes \_\_\_\_\_ No

a. If no, please explain account status. \_\_\_\_\_

6. If the service was performed in a Florida private school, is the school currently accredited by the Southern Association of Colleges and Schools or was the school accredited by the Southern Association of Colleges and Schools during the above period of employment? \_\_\_\_\_ Yes \_\_\_\_\_ No

I certify that the above information was taken from the official records of (system name) \_\_\_\_\_ which is a qualified public retirement or pension plan.

Signature: \_\_\_\_\_ Print name: \_\_\_\_\_ Title: \_\_\_\_\_

Date: \_\_\_\_\_ Address: \_\_\_\_\_ Phone: \_\_\_\_\_

**Please return completed form to Division of Retirement, PO Box 9000, Tallahassee, FL 32315-9000.**