



# Application to Correct Service

Please print. • See next page for instructions.

## SECTION A - PERSONAL INFORMATION (MEMBER)

**Social Security Number or Member ID** \_\_\_\_\_

**Date of Birth** \_\_\_\_\_

**Name** (last/first/middle) \_\_\_\_\_

**Primary Phone** \_\_\_\_\_

**Alternate Phone** \_\_\_\_\_

**Alternate Phone** \_\_\_\_\_

Cell  Home  Work

Cell  Home  Work

Cell  Home  Work

**Email Address** \_\_\_\_\_

## SECTION B - SERVICE CREDIT AUTHORIZATION

Requesting department/agency information

**Agency Information**

Department # \_\_\_\_\_ Agency/Division # \_\_\_\_\_ Org./Section # \_\_\_\_\_

Authorized representative information

**Name/Title** \_\_\_\_\_

**Phone Number** \_\_\_\_\_

**Fax Number** \_\_\_\_\_

**Agency/Fund/Appropriation Number** \_\_\_\_\_

## SECTION C - SERVICE CREDIT CORRECTIONS

**Date(s) of Service**

Start Date \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

End Date \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Start Date \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

End Date \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

### Monthly Salary Information

The monthly salary (including overtime and shift differential pay) and hours worked for the date(s) of service listed above must be provided. A separate sheet of paper may be attached if additional space is needed.

Month/Year	Gross Pay	Hours Worked	Month/Year	Gross Pay	Hours Worked
	\$			\$	
	\$			\$	
	\$			\$	
	\$			\$	
	\$			\$	
	\$			\$	

## SECTION D - CERTIFICATION AND SIGNATURE OF AUTHORIZED REPRESENTATIVE

I certify that the employee listed above worked in a position normally requiring at least 1040 hours of work per year (1500 hours if prior to October 1984; 1000 hours if prior to August 28, 2007) and the position was benefit eligible. I understand the receipt of service credit is contingent on payment of contributions due for the period of service described in this verification.

**Signature** \_\_\_\_\_

**Date** \_\_\_\_\_

**Email Address** \_\_\_\_\_

**Phone Number** \_\_\_\_\_

## Instructions for Completing

# Application to Correct Service

The *Application to Correct Service* is required to correct service credit records of an employee who, for whatever reason did not receive credit at the time of service. The human resource personnel of the department or agency that employed the member for the date(s) in question must complete this application. Before the service can be added to the member's record, the department or agency must agree to pay MOSERS any necessary contributions for the period of service. To qualify for service credit, the employee must have been employed in a position that normally required:

- at least 1,040 hours of work per year, effective August 28, 2007.
- at least 1,000 hours of work per year, prior to August 28, 2007.
- at least 1,500 hours of work per year, prior to October 1984.

This application must be signed by an authorized representative for the department/agency, dated, and delivered to MOSERS. Steps for completing this form are outlined below.

1. Complete member's personal information in Section A.
2. Authorize Service Credit in Section B.
  - Provide information for department/agency requesting service correction.
  - Provide information for authorized representative requesting service correction.
3. Provide service credit corrections including dates of service and monthly salary information in Section C.
4. Certification and signature of authorized representative is required in Section D.
5. Return completed form to MOSERS.
  - Be sure to make a copy for the member's personal file before sending the application to MOSERS.