



CT TEACHERS' RETIREMENT BOARD
 165 CAPITOL AVENUE HARTFORD, CT 06106-1673
 Toll-Free 1-800-504-1102 (959) 867-6333 Fax (860) 525-6018 www.ct.gov/trb

OUTSIDE STATE TEACHING SERVICE (OSS) IN PUBLIC SCHOOLS

INSTRUCTIONS:

1. Complete Section A (Please do not separate page 1 from page 2).
2. Forward both pages 1 and 2 to the former Outside State Employer for completion of Section B.
3. Forward both pages 1 and 2 to the former Outside State Teachers' Retirement System for completion of Section C.
4. Return the original completed form to CTRB, 165 CAPITOL Avenue, Hartford, CT 06106-1673. If both pages are not received together by this office, the form will be considered incomplete and returned to the member.

SECTION A (TO BE COMPLETED BY THE MEMBER)

Member Name _____ Social Security # _____

Member Mailing Address _____

Former OSS Employer _____ Start date _____ Termination date _____

Member Signature _____ Date _____ Email: _____

SECTION B (TO BE COMPLETED BY FORMER OSS PUBLIC SCHOOL EMPLOYER)

NAME OF SCHOOL SYSTEM, COLLEGE, UNIVERSITY: _____

PLEASE CIRCLE ONE: PRIVATE SCHOOL PUBLIC SCHOOL

Please furnish employment information on a school year basis. Use one line for each school year. DO NOT include Leave of Absence, Substitute Teaching, Summer School or Evening Teaching Service inasmuch as these service types are not eligible for purchase.

First working day of the School Year Month/Day/Year (ie: 8/27/1980; 9/3/1980)	Provide dates the member worked		Length of School Year (ie: August to May or September to June etc.)	Check One			If Part Time Enter FTE %
	From (Month/Day/Year)	To (Month/Day/Year)		Sub Service	Full Time	Part Time	

1. Enter the member's position/assignment for the above employment (teacher, principal, etc.) _____

2. Did the position require a state teaching certificate or permit? YES NO

3. Was this employment covered by the State Teachers' or Employer's Retirement System? YES NO if no, why? Use back.

4. Please provide the name of the retirement system covering the employment listed above. _____
 (For example: TIAA-CREF; or State Teachers' Retirement or State Employees Retirement System)

I certify that the above information was extracted from official payroll records and/or substantiating documents.

Name of attesting official _____ Title _____ Phone #: _____

Address _____ FAX #: _____

Signature _____ Date _____ Email: _____

FORWARD THIS FORM (Pages 1 and 2) TO THE RETIREMENT SYSTEM NAMED IN #4 FOR COMPLETION OF SECTION C.

OSS – PAGE 1 OF 2 - NOT TO BE SEPARATED

**OUTSIDE STATE TEACHING SERVICE (OSS) IN PUBLIC SCHOOLS
(CONTINUED)**

Attention Former Retirement System: Complete the required information below so CTRB can determine the cost for the interested member. Please sign the form and mail it to: CTRB, 165 CAPITOL Avenue, Hartford, CT 06106-1673. Both pages 1 and 2 must be returned together.

Member Name _____ SSN _____

SECTION C (TO BE COMPLETED BY FORMER OUTSIDE STATE RETIREMENT SYSTEM)

Connecticut law does not permit the purchase of outside state service by members currently receiving or entitled to receive in the future a retirement benefit based on this service. If the member returns to your state and files for benefits based on the listed service, we request that you notify this agency. Thank you for your assistance.

1. Was the person listed in Section A, a member of your Retirement System? YES NO
2. Is membership: Check one Mandatory Optional Contributory Non-Contributory
3. Do you have a "waiting" period to become eligible for membership? YES NO If yes, please provide details.

4. Name of the school district(s) the member received **ACTIVE TEACHING** credit for in your retirement system and dates of credit:

NAME OF SCHOOL SYSTEM	AMOUNT OF CREDIT ALLOWABLE UNDER STRS (Example: 8/1/00 to 5/31/01 or 9/1/00 – 6/30/01)	TOTAL MOS CREDITED
	From: ___/___/___ To: ___/___/___	
	From: ___/___/___ To: ___/___/___	
	From: ___/___/___ To: ___/___/___	
	From: ___/___/___ To: ___/___/___	
	From: ___/___/___ To: ___/___/___	

5. Do the dates you provided above agree with the dates in Section B, completed by the employer? YES NO
Please provide to your best knowledge, why the dates differ? _____
6. Is the member currently receiving or entitled to receive in the future a pension benefit from your retirement system? YES NO
7. Have all funds been withdrawn from your system? YES Provide the date withdrawn: _____ NO
8. Has the member purchased any additional service credit under your system? YES NO If yes, please identify what type of service has been purchased (i.e. military service, peace corps, teaching in another state, Leave of absence, substitute service, etc).

I certify that the above information was extracted from official records and/or substantiating documents.

PLEASE PRINT OR TYPE

Name of attesting official _____ Title _____

Signature: _____ Date _____ Telephone number _____

FAX: _____ Email: _____

Retirement System Name: _____

Address: _____

PLEASE BE SURE BOTH PAGES 1 AND 2 ARE RETURNED TO CTRS

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"An Affirmative Action/Equal Opportunity Employer"