



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

**APPLICATION TO PURCHASE
 DEPARTMENT OF DEFENSE DEPENDENTS SCHOOLS (DODDS) SERVICE**

ATTENTION MEMBER:

1. Complete Section A (Please do not separate page 1 from page 2).
2. Forward to National Personnel Records Center, Civilian Personnel Records, 1411 Boulder BLVD, Valmeyer, IL 62295-2605 or by fax: 618-935-3014 for completion of Section B.
3. Forward to the former Retirement System for completion of Section C: Office of Personnel Management, Retirement Programs, 1900 E Street NW, Washington DC 20415-3000
4. Return the original completed form to CTRB, 165 Capitol Avenue, Hartford, CT 06106-1673.

PLEASE PRINT OR TYPE

SECTION A (TO BE COMPLETED BY THE MEMBER)

Member Name _____ SSN _____

Home Mailing Address _____

Location DODDS: _____ Start date _____ Termination date _____

Member Signature _____ Date _____

SECTION B (TO BE COMPLETED BY FORMER EMPLOYER)

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 considered for purchase.

Name of DOD Employing School System	Dates of Employment School Year		Length of School Year (ie: August to May or September to June etc.)	Full Time	Part Time	If Part Time Enter FTE %
	From (Month/Day/Year)	To (Month/Day/Year)				

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

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

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

Name of attesting official _____ Title _____

Address or Stamp _____

Fax or Email: _____

Signature _____ Date _____ Telephone number _____

******* FORWARD THIS FORM (Page 1 and Page 2) TO THE OFFICE OF PERSONNEL MANAGEMENT THAT MAY HAVE COVERED THE ABOVE EMPLOYMENT FOR COMPLETION OF SECTION C ON PAGE 2. IF YOU ARE UNABLE TO FORWARD, PLEASE RETURN TO THE MEMBER LISTED IN SECTION A. SO THEY MAY FORWARD TO THE APPROPRIATE AGENCY. PLEASE DO NOT SEPARATE THE TWO PAGES**



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165 CAPITOL Avenue Hartford CT 06106-1673

APPLICATION TO PURCHASE CREDIT FOR DODDS SERVICE

(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

Member Name _____ SSN _____

SECTION C: (TO BE COMPLETED BY FORMER RETIREMENT SYSTEM)

OFFICE OF PERSONNEL MANAGEMENT
Retirement Programs
1900 E Street NW
Washington DC 20415-3000

Connecticut law does not permit the purchase of DODDS 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 agency and files for benefits based on the listed service, we request that you notify this agency. Thank you for your assistance.

- 1. Was this person a member of your Retirement System? YES [] NO []
2. Please enter dates of membership in your system (month/year) From: _____ To: _____
3. Do these dates agree with the dates provided in Section B on the previous page? YES [] NO []

If the dates of service and membership do not agree, please provide an explanation.

- 4. Is the member currently receiving or entitled to receive a benefit from your retirement system for credit established with your system? YES [] NO []
5. Did the member forfeit the right to all benefits under former retirement system? YES [] NO []

Date of refund (month/year) _____ Amount of service credit cancelled by refund. _____

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 _____

Retirement System Name _____ FAX or Email: _____

Address or Stamp: _____

DO NOT SEPARATE THESE PAGES