

5 N 5th Street  
Harrisburg PA 17101-1905  
Toll-free: 1.888.773.7748  
www.psers.pa.gov  
Fax: 717.772.3860  
PSRS-708 (07/2019)

## Guidelines For Completing Your Purchase of Pennsylvania County Nurse Service



**If you receive or will be eligible to receive an annuity from the county or any other private or public pension fund based on your Pennsylvania county nurse service, you may not purchase retirement credit for your Pennsylvania county nurse service with the Pennsylvania Public School Employees' Retirement System (PSERS).**

### ***What is Pennsylvania County Nurse Service?***

Pennsylvania county nurse service is defined as service rendered while employed as a nurse by a Pennsylvania county. You may purchase one year of service with PSERS for every three years of Pennsylvania county nurse service rendered. **No more than five years of Pennsylvania county nurse service credit may be purchased.**

### ***Who May Apply?***

- Active contributing members of the Public School Employees' Retirement System (PSERS) **or**
- Multiple service members who are active members of the State Employees' Retirement System (SERS).

### ***How Do I Apply?***

Have the employer where the Pennsylvania county nurse service was rendered complete a *Purchase of Pennsylvania County Nurse Service* form. **If your former Pennsylvania county nurse service was with more than one employer, have each employer complete a separate application.**

**It is important that you provide the employer with these instructions for accurate completion.**

### ***How is the Cost Calculated?***

The cost is based upon your projected final average salary at normal retirement age.

**Contributions remitted to PSERS for the purchase of Pennsylvania county nurse service will be recovered through your monthly benefit and cannot be withdrawn in a lump sum at retirement.**

### ***Who is Responsible for Payment?***

You are responsible for both the member's share and the employer's share.

### ***What if I Need Assistance?***

Call our toll-free number, 1.888.773.7748 (1.888.PSERS4U), Harrisburg local callers (717.787.8540), between the hours of 8:00 a.m. and 5:00 p.m. to speak with a service representative.

### ***Where Should My Completed Application Be Sent?***

- Send To:** PSERS  
5 N 5th Street  
Harrisburg, PA 17101-1905

### ***What Will PSERS Do If I Am Eligible?***

A *Statement of Amount Due* will be sent providing you with the cost and payment options available.

<b>A</b>	<b>Member Information</b>
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Information in this section was provided to PSERS through your employer. Contact your current employer directly if any information appears incorrect.

**If you are currently an active member of SERS, contact PSERS immediately if any information appears incorrect.**

<b>B</b>	<b>Member Certification</b>
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**Your signature and the date you signed this form are required.** By signing this form you are requesting the cost to purchase service credit for Pennsylvania county nurse service. You are also certifying that you are ineligible now and in the future to receive an annuity from the county or any other private or public pension fund based on your Pennsylvania county nurse service.

<b>C</b>	<b>Employment Information</b>
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Your employer where you rendered the Pennsylvania county nurse service must complete this section. **Be sure to provide the employer with these instructions for accurate completion.**

**Each school year (July 1 - June 30) must be listed separately.**

**County Name.** Enter the county name where the Pennsylvania county nurse service was rendered for each period of service requested.

**School Year.** Enter the school year when the Pennsylvania county nurse service began for each period of service requested.

**Employment Type.** Enter the employment type (F/T = Full-Time OR P/T = Part-Time) for each period of service requested.

**Wage Type.** Enter the wage type (Sal = Salary, Hrly = Hourly, PD = Per Diem) for each period of service requested.

**Service Units.** Enter the unit of service rendered for each period of service requested. Enter "D" for days, "H" for hours, or "M" for months. **Months only applies for full-time service prior to July 1, 1976.**

**Expected Units.** Define the number of days, hours, or months on which the employee's service was based for each period of service requested (e.g., 180 *days*, 1100 *hours*, 10 *months*).

**Number of Months Applicant Served.** List the months that the employee served as a county nurse.

<b>D</b>	<b>Employer Certification</b>
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**The signature of the employer where you rendered your Pennsylvania county nurse service and the date this form was signed are required.** By signing this form, the employer is certifying that:

- All information provided in Section C, "Employment Information," is correct.
- The member has withdrawn all contributions and is ineligible now and in the future to receive a retirement benefit based on their Pennsylvania county nurse service.

5 N 5th Street Harrisburg PA 17101-1905 Toll-free: 1.888.773.7748 www.psers.pa.gov Fax: 717.772.3860 PSRS- 708 (07/2019)	<h2 style="margin: 0;">Purchase of Pennsylvania County Nurse Service</h2>	 <p><b>PSERS</b></p>	Mail Center
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**Note:** Contributions remitted to PSERS for the purchase of Pennsylvania county nurse service will be recovered through your monthly benefit and cannot be withdrawn in a lump sum at retirement.

A	<b>Member Information</b>
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<b>Member Name</b>	
<b>Social Security Number</b>	
<b>Gender</b>	
<b>Date of Birth</b>	
<b>Former Last Name (only if used in this System)</b>	

<b>Member Address Change</b>		<input type="checkbox"/> Check here if new address
<b>Apt# or Suite</b>		
<b>Delivery Address</b>		
<b>City</b>		
<b>State &amp; Zip Code</b>		
<b>Daytime Phone</b>		
<b>Evening Phone</b>		
<b>Email Address (Optional)</b>		

B	<b>Member Certification</b>
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Any restrictions that apply to this purchase will be noted on your *Statement of Amount Due*. Please read your statement carefully.

I request the cost to purchase service credit for Pennsylvania county nurse service. I certify that I am ineligible now and in the future to receive an annuity from the county or any other private or public pension fund based on my Pennsylvania county nurse service.

<b>Member Signature</b>	<b>Date Signed</b>
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C	<b>Employment Information</b>
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Your employer where you rendered the Pennsylvania county nurse service must complete this section. It is important that you provide the employer with the attached instructions for accurate completion. **Each fiscal year (July 1 - June 30) must be listed separately.**

	County Name	School Year	Employment Type	Wage Type	Service Unit	Expected Units	Number of Months Served
1.							
2.							
3.							
4.							
5.							
6.							

<b>Was this full-time service (full-time service is at least 5 hours a day for 5 days a week or 25 hours a week)?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Is the applicant entitled to a retirement benefit as a result of this service?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No
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<b>D</b>	<b>Employer Certification</b>
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I certify that the information provided under Section C "Employment Information," is accurate. I further certify that all contributions have been withdrawn and no benefits are payable from this agency.

Signature of Personnel Officer of County Where Records May be Examined	Date Signed	Name and Address of Employing Agency