

### PART I - Employer Information

Employer name

Municipal code

Contact name  Contact title

Contact work phone  Contact email

### PART II - Member Information

Member full name

Member last four of SSN

### PART III - Return to Service - Retiree\*

Previous retirement date (mm/dd/yyyy)  Date returned to service (mm/dd/yyyy)

Reinstate previous service (Attach a complete list of compensation paid by quarter covering the period indicated below.)

Previous start date (mm/dd/yyyy)  Previous end date (mm/dd/yyyy)

Certify service not previously documented (Attach a complete list of compensation paid by quarter covering the period indicated below.)

Previous start date (mm/dd/yyyy)  Previous end date (mm/dd/yyyy)

*\*Please refer to Section 10.06 of your plan's adoption agreement for eligibility*

### PART IV - Request to Purchase Service

Type of service to purchase  Military  Prior to plan creation  Prior service  Other

Desired purchase start date (mm/dd/yyyy)  Desired purchase end date (mm/dd/yyyy)

Please provide any notes you believe relevant to assist PMRS in promptly and accurately executing this change

See reverse for instructions and important information

## PART V - Leave Without Pay

Document Leave Without Pay - Type of Leave Without Pay

Maternity  Military  Short-term Disability  Layoff  Other

Leave Without Pay Start Date (mm/dd/yyyy)

Leave Without Pay End Date (mm/dd/yyyy)

Please provide any notes you believe relevant to assist PMRS in promptly and accurately executing this change.

By signing, I certify that I am an authorized representative of the employer and that the information provided above is true and accurate. I request that PMRS update the member's records to reflect these changes.

Employer Representative Signature

Date Of Signature (mm/dd/yyyy)

Member Signature

Date Of Signature (mm/dd/yyyy)

## INSTRUCTIONS

### Who completes the form and why?

Employers complete this form to update information related to a member's service history.

### When must the form be submitted?

This form must be submitted whenever there is a change requested for an active member's service record. This form is not used to notify PMRS of a termination from service. If a member is separating from employment, please complete and submit Termination from Service form (PMRB-4).

### Instructions for submitting the form.

- Complete any necessary fields.
- Print legibly in blue or black ink, or type in fields, print and save.
- Ensure signature is of authorized employer representative.
- Retain a copy of the form for auditing purposes.
- Return the form via mail or email to PMRS.

### Pennsylvania Municipal Retirement System

P.O. Box 1165  
Harrisburg, PA 17108-1165  
ra-rsCompletedForms@pa.gov

### Key considerations

If addressing service related to your organization, please ensure that you attach accurate compensation data, broken down by quarter, that accurately reflects the periods of service to be credited to the member's record.

If addressing military service, please work with the member to obtain and attach DD-214 forms related to requested adjustments.

Service change requests should not be considered "changed" until PMRS has provided a verification of the change to the plan's contact.