



# Request to Purchase Credited Service

Name: \_\_\_\_\_ SS#: \_\_\_\_\_ City ID: \_\_\_\_\_

Address: \_\_\_\_\_ City/State/ZIP: \_\_\_\_\_

Department: \_\_\_\_\_ Telephone: ( ) \_\_\_\_\_

Do you intend to terminate employment within the next 6 months? \_\_\_yes \_\_\_no. If yes, please provide an estimated date \_\_\_\_\_.

**IMPORTANT: This Request form is not binding on you or the Houston Municipal Employees Pension System (HMEPS). In order to purchase credited service, you must be a member (eligible active employee) not currently participating in the Deferred Retirement Option Plan (DROP), and HMEPS must receive your executed service purchase obligation or RT-1 (rollover/transfer) form before you terminate your employment.**

Complete parts A and B below, and sign and date the form. *Please allow at least 30 days for processing.*

**A. I request to purchase credited service in HMEPS for the following (refer to the *HMEPS Benefits Handbook, Service Purchase, and the 2004 Meet and Confer Agreement* for more information):**

- \_\_\_\_\_ Service in Group A that was forfeited to receive a refund of contributions or an early lump sum distribution (or service for which contributions were not made).
- \_\_\_\_\_ Military service under USERRA.
- \_\_\_\_\_ Permissive military service (non-USERRA).

**B. If eligible to purchase service, I intend to use the following payment method:**

\_\_\_\_\_ **Salary Deduction Method.** Bi-weekly salary deduction over a payment period of:  
\_\_\_\_\_5 years \_\_\_\_\_4 years \_\_\_\_\_3 years \_\_\_\_\_2 years \_\_\_\_\_1 year

**(If no period is chosen, the default will be 5 years, and you may be restricted from changing the time period).**

\_\_\_\_\_ **Lump sum Method.** Lump sum payment (after-tax amounts only) within 60 calendar days of the date I execute the service purchase obligation.

\_\_\_\_\_ **Direct Rollover Method.** Estimated account balance available for rollover \_\_\_\_\_. Direct rollover of pre-tax amounts to HMEPS from my traditional IRA or an eligible retirement plan. If any additional amounts are owed, I intend to pay those additional amounts using:

- \_\_\_\_\_ the salary deduction method over a payment period not to exceed 5 years.
- \_\_\_\_\_ the lump-sum method (after-tax amounts only).

\_\_\_\_\_ **Direct Trustee-to-Trustee Transfer Method.** Estimated account balance available for transfer \_\_\_\_\_. Direct trustee-to-trustee transfer of pre-tax amounts to HMEPS from a governmental §457(b) plan (check here \_\_\_\_\_ if transfer will be from the City of Houston §457 plan) or a §403(b) plan. If any additional amounts are owed, I intend to pay those additional amounts using:

- \_\_\_\_\_ the salary deduction method over a payment period not to exceed 5 years.
- \_\_\_\_\_ the lump-sum payment method (after-tax amounts only).

Employee's Signature \_\_\_\_\_ Date signed \_\_\_\_\_

**Upon completion, submit this Request directly to HMEPS, 1111 Bagby, Ste. 2450, Houston, TX 77002**