

# WRRS Prior Non-Membership Service Purchase Form



Part 1.) To be completed by member.

Last 4 Digits of SSN:

First Name:

Last Name:

Address:

City:

State:

Zip Code:

Current Units:

Email:

Phone:

Unit(s) where service was rendered:

Calendar Years of Service:

Signature

Date

Part 2.) To be completed by employer Payroll Coordinator or Comparable Position.

Calendar Year	Position	Hourly Rate	Total Hours	Total Earnings

❖ *If additional rows are required, please print additional copies of the table and attach them to the completed form.*

I attest that the above documentation is accurate to the best of my knowledge, and subject to the pains and penalties of perjury.

Name:

Title:

Unit:

Address:

City:

State:

Zip Code:

Signature

Date



## WRR Board – Application to purchase Prior Non-Membership Service Directions

Step 1.) Complete Part 1 of the application.

Step 2.) Send Part 2 to your employers. Please be advised that Part 2 is required to be completed by all member units where you were employed. All employers should send their completed Part 2 back to you to submit to the Board.

Step 3.) Submit the full, completed application to the Board by mail or drop it off at our office. Below, please find our contact information:

Worcester Regional Retirement System  
23 Midstate Drive, Suite 106  
Auburn, MA 01501  
Phone: (508) 832-6314