

This step-by-step guide will assist active Public Employees' Retirement System (PERS), Teachers' Pension and Annuity Fund (TPAF), and Police Firemen's Retirement System (PFRS) members with submitting a purchase of service application.

Active pension members must use the Member Benefits Online System (MBOS) to submit the purchase of service application. Authorized users can register for an MBOS account here: <a href="https://www.nj.gov/treasury/pensions/mbos-register.shtml">https://www.nj.gov/treasury/pensions/mbos-register.shtml</a>

For assistance with the registration process, see the Active MBOS Registration video in our video gallery: <u>https://www.nj.gov/treasury/pensions/videos.shtml</u>

Please note, if you have already registered for MBOS, you will not be able to register again. If you need assistance accessing your existing MBOS account, please see our MBOS Troubleshooting videos in our video gallery.

| Your MBOS Home Page   |   | pensions and benefits home Logour                              |
|---|---|--|
| Member Name : MICHAEL JONES<br>Member Number : PERS -1234567<br>michael.jones@mail.com  |   |  |
| menaenjones@man.com   | Member Account Applications   | s  |
| Pension Account Inform Payroll Certifications Personal Benefit Statement Pension Loan Application for Withdrawal Designation of Beneficiary Links & Forms | Aation and Calculators Purchase Application Retirement Purchase Calculator Purchase Authorization Letters and Statements Online Document Submission | Other Benefit Programs SHBP/SEHBP Application Help Search Help |

Once you have accessed your MBOS account, click the "Purchase Application" button to begin the application.

To exit the purchase application anytime before your final submission, click the "Home" button located at the top of your MBOS screen.

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|---|--------------------------|--------------------------|--------------------------|----------------------|--------------------------|
|   |                          |                          |                          |                      |                          |
|   |                          |                          |                          |                      |                          |
|   |                          |                          |                          |                      |                          |
| Member Name: MICHAEL                      | JONES                    | Date of B                | irth: 09/02/1959         |                      |                          |
| Member ID: 02-1234567                     |                          | If your date             | e of birth shown above   |                      |                          |
|   |                          | the Divisio              | n of Pensions and Ben    | efits with proof-of- | age.                     |
| Previous Purchase Reg                     | uests on File a          | nd Status                |                          |                      |                          |
| Purchase Requests already                 |                          |                          | ed below. If you w       | ish to submit an     | additional               |
| Purchase Request, click on t              | he "Submit New           | Purchase Reques          | st" button below.        |                      |                          |
|   | Start Date               | End Date                 | Date Received            | Status               | Status Date              |
| Purchase Type                             |                          |                          |                          |                      |                          |
| Purchase Type<br>Former Membership        | 07/01/2007               | 06/30/2008               | 07/07/2014               | Authorized           | 01/26/2015               |
|   | 07/01/2007<br>10/21/2013 | 06/30/2008<br>05/02/2014 | 07/07/2014<br>07/07/2014 | Authorized<br>Closed | 01/26/2015<br>11/24/2014 |
| Former Membership                         |                          |                          |                          |                      |                          |
| Former Membership<br>Temporary/Substitute | 10/21/2013               | 05/02/2014               | 07/07/2014               | Closed               | 11/24/2014               |
| Former Membership<br>Temporary/Substitute | 10/21/2013<br>10/21/2013 | 05/02/2014               | 07/07/2014<br>07/07/2014 | Closed<br>Authorized | 11/24/2014               |
| Former Membership<br>Temporary/Substitute | 10/21/2013<br>10/21/2013 | 05/02/2014<br>05/02/2014 | 07/07/2014<br>07/07/2014 | Closed<br>Authorized | 11/24/2014               |

If you have ever submitted a purchase request in the past, a list of them, including their status, will appear.

To submit a new purchase application, click the "Submit a New Purchase Request" button.

If you have not submitted a purchase request in the past, you will not see this screen and will be directed to the Purchase Application.

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|-----------------------------|---|
|                             | Member Name: MICHAEL JONES       Date of Birth: 09/02/1959         Member ID: 02-1234567       If your date of birth shown above is incorrect, please provide the Division of Pensions and Benefits with proof-of-age.         formation below reflects your personal information currently on file with the Division of Pensions and Benefits. If       If your date of birth shown above is incorrect, please provide the Division of Pensions and Benefits. If |
| M<br>Curre<br>Addr<br>City: | t correct, please update.<br>aiden/Former Last Name[s]:   |
|                             | sethe type of service you wish to purchase.<br>lete a separate online Purchase Application for each type of service.<br>Temporary/Substitute Service Unpaid Leave of Absence<br>Former Membership Service Out-of-State Service<br>U.S. Government Service Military Service<br>Uncredited Service Local Retirement System Service  |
|                             | Optional Service ore information about service credit purchases, including types that may be purchased, please refer to: t Sheet #1, Purchasing Service Credit Continue Continue  |

On the application, provide your maiden name or former last name, if applicable.

Then your mailing address, and telephone number.

If these fields are prepopulated, check the information for accuracy and update accordingly.

| Member Name: MICHAELJONES Date of Birth: 09/02/1959   Member ID: 02-1234567 Tow date of birth shown above is incorrect, please provide the Division of Pensions and Benefits with proof-of-age.   This information below reflects your personal information currently on file with the Division of Pensions and Benefits. If is not correct, please update.   Maiden/Former Last Name[5]:   Current Mailing Address:   Address 2:   City:   State:   Nember Normer (stating with Area Code):   (Numbers Only)   Iplan to Retire or Terminate or within the next nine months on N/A or Choosethe type of service you wish to purchase.   Complete a separate online Purchase Application for each type of service.   Ormer Membership Service   Out-of-State Service   Out-of-State Service   Out-of-State Service   Optional Service   Optional Service   Continue   Tormer information about service credit purchases, including types that may be purchased, please refer to: |  |   |
|---|--|---|
| It is not correct, please update.  Maiden/Former Last Name[s]:  Current Mailing Address:  Address 2:  City:  Davtime Phone Number (starting with Area Code):  (Numbers Only)  I plan to Retire or Terminate within the next nine months on N/A  Choose the type of service you wish to purchase.  Complete a separate online Purchase Application for each type of service.  Termporary/Substitute Service Unpaid Leave of Absence Former Membership Service ULS. Government Service ULS. Government Service Uncredited Service Coptional Service For more information about service credit  For more information about service credit  |  | If your date of birth shown above is incorrect, please provide          |
| Current Mailing Address:<br>Address 2:<br>City: State: New Jersey Zip: -<br>Daytime Phone Number (starting with Area Code): (Numbers Only)<br>I plan to Retire or Terminate within the next nine months on N/A O<br>Choose the type of service you wish to purchase.<br>Complete a separate online Purchase Application for each type of service.<br>Temporary/Substitute Service Unpaid Leave of Absence<br>Former Membership Service Out-of-State Service<br>U.S. Government Service Military Service<br>U.S. Government Service Local Retirement System Service<br>Optional Service<br>For more information about service credit purchases, including types that may be purchased, please refer to:<br>For the service Service Credit  |  | nation currently on file with the Division of Pensions and Benefits. If |
| Address 2:  |  |   |
| City: State: New Jersey Zip: -<br>Davtime Phone Number (starting with Area Code): (Numbers Only)<br>I plan to Retire or Terminate within the next nine months on N/A O<br>Choose the type of service you wish to purchase.<br>Complete a separate online Purchase Application for each type of service.<br>Temporary/Substitute Service Out-of-State Service<br>Sormer Membership Service Out-of-State Service<br>U.S. Government Service Military Service<br>Out-of-State Service<br>Optional Service<br>For more information about service credit purchases, including types that may be purchased, please refer to:<br>For the service Credit  |  |   |
| Daytime Phone Number (starting with Area Code):       (Numbers Only)         I plan to Retire       or Terminate       within the next nine months on         Choose the type of service you wish to purchase.         Complete a separate online Purchase Application for each type of service.         Temporary/Substitute Service       Unpaid Leave of Absence         Former Membership Service       Out-of-State Service         U.S. Government Service       Military Service         Uncredited Service       Local Retirement System Service         Optional Service       For more information about service credit purchases, including types that may be purchased, please refer to:         • Fact Sheet #1, Purchasing Service Credit   |  |   |
| I plan to Retire       or Terminate       within the next nine months on       N/A         Choose the type of service you wish to purchase.         Complete a separate online Purchase Application for each type of service.         Temporary/Substitute Service       Unpaid Leave of Absence         Former Membership Service       Out-of-State Service         U.S. Government Service       Military Service         Uncredited Service       Local Retirement System Service         Optional Service       For more information about service credit purchases, including types that may be purchased, please refer to:         • Fact Sheet #1, Purchasing Service Credit  |  |   |
| Choose the type of service you wish to purchase.<br>Complete a separate online Purchase Application for each type of service.<br>Temporary/Substitute Service Unpaid Leave of Absence<br>Former Membership Service Out-of-State Service<br>U.S. Government Service Military Service<br>Uncredited Service Local Retirement System Service<br>Optional Service<br>For more information about service credit purchases, including types that may be purchased, please refer to:<br>Fact Sheet #1, Purchasing Service Credit   |  |   |
| Complete a separate online Purchase Application for each type of service.         Temporary/Substitute Service         Dut-of-State Service         U.S. Government Service         Uncredited Service         Uncredited Service         Optional Service         For more information about service credit purchases, including types that may be purchased, please refer to:         • Fact Sheet #1, Purchasing Service Credit  |  |   |
| Former Membership Service       Out-of-State Service         U.S. Government Service       Military Service         Uncredited Service       Local Retirement System Service         Optional Service       Local Retirement System Service         For more information about service credit purchases, including types that may be purchased, please refer to:         • Fact Sheet #1, Purchasing Service Credit   |  |   |
| Former Membership Service       Out-of-State Service         U.S. Government Service       Military Service         Uncredited Service       Local Retirement System Service         Optional Service       Local Retirement System Service         For more information about service credit purchases, including types that may be purchased, please refer to:         • Fact Sheet #1, Purchasing Service Credit   |  | Unnaid Leave of Absence   |
| U.S. Government Service       Military Service         Uncredited Service       Local Retirement System Service         Optional Service       Local Retirement System Service         For more information about service credit purchases, including types that may be purchased, please refer to:         • Fact Sheet #1, Purchasing Service Credit  | • •  |   |
| Optional Service For more information about service credit purchases, including types that may be purchased, please refer to: Fact Sheet #1, Purchasing Service Credit  | •  | O Military Service  |
| For more information about service credit purchases, including types that may be purchased, please refer to: <ul> <li>Fact Sheet #1, Purchasing Service Credit</li> </ul>   | <ul> <li>Uncredited Service</li> </ul>                       | <ul> <li>Local Retirement System Service</li> </ul>                     |
| Fact Sheet #1, Purchasing Service Credit  | <ul> <li>Optional Service</li> </ul>                         |   |
|   |  | ises, including types that may be purchased, please refer to:           |
| Continue  | <ul> <li>Fact Sheet #1, Purchasing Service Credit</li> </ul> |   |
|   |  |   |
|   |  |   |

Next, indicate if you plan to retire or terminate employment within the next nine months. If you select either of those bubbles, enter the date you will be retiring or terminating employment in the field provided.

If you will not be retiring or terminating employment within the next nine months, select "N/A."

| Member Name: MICHAELJONES<br>Member ID: 02-1234567   | Date of Birth: 09/02/1959<br>If your date of birth shown above is incorrect, please provide<br>the Division of Pensions and Benefits with proof-of-age. |
|--|---|
| This information below reflects your personal info<br>it is not correct, please update.                              | rmation currently on file with the Division of Pensions and Benefits. If  |
| Maiden/Former Last Name[s]:  |   |
| Current Mailing Address:   |   |
| Address 2:   |   |
| City: St   | tate: New Jersey Y Zip: -   |
| Daytime Phone Number (starting with Area   | a Code): (Numbers Only)   |
| I plan to Retire 🔿 or Terminate 🔿 wit  | thin the next nine months on 🛛 📰 N/A 🔾  |
| Choose the type of service you wish to purcha<br>Complete a separate online Purchase Application                     |   |
| <ul> <li>Temporary/Substitute Service</li> </ul>   | e O Unpaid Leave of Absence   |
| <ul> <li>Former Membership Service</li> </ul>  | Out-of-State Service  |
| <ul> <li>U.S. Government Service</li> </ul>  | Military Service  |
| O Uncredited Service   | <ul> <li>Local Retirement System Service</li> </ul>   |
| Optional Service   |   |
| <ul> <li>For more information about service creat purch</li> <li>Fact Sheet #1, Purchasing Service Credit</li> </ul> | hases, including types that may be purchased, please refer to:  |
| ractoriceting, ratchasing service create   |   |
|  | Continue  |

From the list, choose the type of service you wish to purchase and then click "Continue."

If you need more information, please read the *Purchasing Service Credit* fact sheet linked for you at the bottom of the application.

| Member Name: MIC     |                                | Date of Birth: 09/02/1959  |                   |
|----------------------|--------------------------------|--|-------------------|
| Member ID: 02-1234   |                                | f your date of birth shown above is incor<br>the Division of Pensions and Benefits w |                   |
| Maiden/Former Last   |                                |  |                   |
| Employer Name:       |                                | Official Payroll Title   |                   |
| Employer             |                                | Period for which ser   | vice is requested |
| Address:             |                                | From:  |                   |
|                      |                                |  |                   |
| City:                |                                | To:  |                   |
|                      | elect State]                   |  |                   |
|                      |                                |  |                   |
| Zip Code:            |                                |  |                   |
| Were you a member of | a pension plan for the above p | period? O Yes O No   |                   |
|                      |                                |  |                   |
|                      |                                |  |                   |

For Public Employment with a governmental or educational employer, enter the name of the employer, the address, your title while employed there, and the dates of employment.

Then answer the question: "Were you a member of a pension plan for the above period?"

|  | M/DP8   |
|--|---|
| Member Name: MICHAEL JONES             | Date of Birth: 09/02/1959   |
| Member ID: 02-1234567                  | If your date of birth shown above is incorrect, please provide the Division of Pensions and Benefits with proof-of-age. |
| Maiden/Former Last Name[s]:            | the Division of Pensions and Denefits with proof-of-age.  |
| Employer Name:<br>Employer<br>Address: | Official Payroll Title Period for which service is requested  |
| Address:                               | From:   |
| City:                                  | То:   |
|  |   |
| State: [Select State]                  | $\checkmark$  |
| State:   [Select State]     Zip Code:  |   |
|  |   |

If you answer "Yes," you will need to indicate with which state that pension plan was governed and the name of the pension plan.

To list additional titles, employers, or periods of service, for the same type of service click the "Add New Service Period" button.

When you have entered all the information about the employer, click "Continue."

| Member Name: MICHAELJONES       Date of Birth: 09/02/1959         Member ID: 02-1234567       Up our date of birth shown above is incorrect, please provide the Division of Pensions and Benefits with proof-of-age.         Maiden/Former Last Name[s]:       Please enter information for each period of Military Service you request to purchase.         Click here for more information about Veteran Status       To:         To obtain your Military Discharge Papers (DD214), click here.         Branch of Service       Period for which service is requested         [Select Branch]       From:         Image: Select Branch       From:         Image: Select Branch       From:         Image: Select Branch       From: |  |  |
|--|--|--|
| [Select Branch] V From: To:  | Member ID: 02-1234567<br>Maiden/Former Last Name[s]:<br>Please enter information for each per<br>Click here for more information about V | If your date of birth shown above is incorrect, please provide<br>the Division of Pensions and Benefits with proof-of-age.<br>riod of Military Service you request to purchase.<br><u>Veteran Status</u> |
|  | Branch of Service  | Period for which service is requested  |

For a purchase of Military Service, indicate the branch of military service and your dates of active service.

To learn more about Veteran Status or to obtain a copy of your Military Discharge papers, use the links provided at the top of the page.

To list periods of service, click the "Add New Service Period" button.

When you have entered all the information about the military service, click "Continue."

| Purchase App  | lication                      |   |        | •      |
|---|-------------------------------|---|--------|--------|
| Member Name: MICHAEL JON<br>Member ID: 02-1234567<br>Maiden/Former Last Name[s]<br>The Purchase Request information | :<br>on you have entered is s |   |        |        |
| Employer Name and Address Anytown Township  | Official Payroll Title        | Period for which service is requested<br>01/02/2012 to 04/30/2012 | Modify | Delete |
| 321 Broad St., Anytown, NJ 08555  | Laborer 5                     | 01/02/2012 to 04/30/2012  | woully | Delete |
| Garden City Township<br>7 Main St., Garden City, NJ 08789   | Machine Operator              | 02/01/2015 to 03/31/2017  | Modify | Delete |

A summary page will appear.

Review the summary information carefully as this is what will be submitted to the Division of Pensions & Benefits to begin processing your purchase request.

If you need to make a change, click "Modify."

To remove a service period, click "Delete."

If all of the information displayed on the summary page is correct, click the "Submit" button to submit the purchase request.

|                                  | printable v            | ersion  |  |
|----------------------------------|------------------------|---|--|
| Purchase Application             |                        |   |  |
| Member Name: MICHAEL JONES       |                        | Date of Birth: 09/02/19   | 959  |
| Member ID: 02-1234567            |                        | If your date of birth shown<br>provide the Division of Pen                                | above is incorrect, please<br>sions and Benefits with proo |
| Maiden/Former Last Name[s]:      |                        | of-age.   |  |
| Current Mailing Address: 987 CE  | NTER AVE, ANYTOWN, I   | NJ 08555  |  |
| Daytime Phone Number: 609555     | 1234                   |   |  |
| Tentative Retirement/Termination | n Date: N/A            |   |  |
| Your Request to Purc             | hase Service Cred      | lit has been submitte   | d successfully.  |
|                                  | purchase quotation     | Il of purchase request must o<br>can be generated.<br><i>hase Request</i> for your record |  |
|                                  | ASE TYPE: Forme        | er Membership Service   | 2  |
| PURCH                            |                        |   | Pension Plan and   |
| PURCH.                           | Official Payroll Title | Period for which service<br>is requested  | address  |
|                                  |                        |   |  |

A confirmation page will appear indicating that the purchase request has been submitted successfully. At the top of the Confirmation Page, there will be a link to a printable version of the Summary Page information. You should click this link and print a copy of the summary information for your records.

You will also receive a separate email confirmation that the purchase request has been submitted successfully.



If you have any questions regarding purchasing service, you can reach out to the Division of Pensions & Benefits by telephone, email, or postal mail.

For additional information about this topic, see the *Purchasing Service Credit* fact sheet and the *Purchasing Service Credit for PERS, TPAF and PFRS Members* video. Both are located on our website at <u>www.nj.gov/treasury/pensions</u>