



The Commonwealth of Massachusetts
Berkshire County Retirement System
 29 Dunham Mall
 Pittsfield, MA 01201



Tel. 413-499-1981

Fax 413-445-7990

BUYBACK PURCHASE FORM

SECTION I. TO BE COMPLETED BY THE MEMBER

NAME _____ SS# _____

Street Address _____

CITY _____ STATE _____ ZIP _____

Name of the Employer you wish to buy back time from _____

Were you an elected official? YES _____ NO _____

Dates of creditable service you wish to purchase: _____

Buybacks of prior service will be prorated based upon a 35-hour workweek, using 50 weeks for a year.

Buybacks for police officers CANNOT include detail work, since they are ineligible wages.

Buybacks CANNOT include fees, since they are not considered regular compensation.

 Did you contribute to a retirement system during this employment? YES _____ NO _____

IF YES: Please list the retirement system that you were a member of _____

IF YES: Did you take a refund of your deductions from that system? YES _____ NO _____

IF NO: Section II on the back of this form will need to be filled out by your prior employer.

SECTION II. INFORMATION FOR THE TREASURER:

Please fill out section II on the reverse side. A former employee has made a request to buyback prior service, when they were NOT a member of our retirement system. If the member was enrolled in another retirement system, contact our offices and we will contact the prior retirement system. Please be aware that buybacks are pro-rated to a 35-hour workweek. Wages listed on the buyback MUST be regular compensation, they cannot include detail work, overtime, fees or any other compensation that is not considered regular compensation.

SECTION II. TO BE COMPLETED BY PAST EMPLOYER TO DOCUMENT SERVICE RENDERED WHEN NO RETIREMENT CONTRIBUTIONS WERE WITHHELD.

Please provide the following information regarding service rendered by the individual named in Section I. Please list only those periods during which the individual did NOT contribute to a retirement system. If the person is an elected official, you only need to fill in the employment dates and salary paid.

PLEASE LIST BY CALENDAR YEAR

Please attach supporting payroll.

Regular compensation only.

Do not include overtime.

Period of Employment From m/d/y to m/d/y	Full-Time Yes/No	If No, # of hours worked Part-Time	Hourly Rate Paid	Salary Paid
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

What was the individual's job title _____

Was the above person an elected official YES NO

Was the person only receiving a stipend YES NO N/A _____

Does the above service include detail work YES NO N/A _____

Does the above service include fees YES NO _____

STATEMENT AND SIGNATURE

I HEREBY CERTIFY UNDER PAINS AND PENALTIES OF PERJURY, THE ABOVE INFORMATION TO BE TRUE AND CORRECT.

SIGNATURE _____

Printed Name _____ Date _____

Title _____ Town/district _____