



# Application to Obtain Service Credit for Maternity Leave Without Pay

Employees' Retirement Systems of Alabama  
PO Box 302150, Montgomery, Alabama 36130-2150  
877.517.0020 • 334.517.7000 • www.rsa-al.gov



Your SSN \_\_\_\_\_

## Your Information

Name \_\_\_\_\_  
First Middle/Maiden Last

Address \_\_\_\_\_  
Street or P.O. Box City State ZIP Code

Telephone Number \_\_\_\_\_ Email Address \_\_\_\_\_

Date of Birth \_\_\_\_\_

Present Employer \_\_\_\_\_

## Member Information

A member may purchase credit for up to one year for any period of maternity leave without pay provided the following conditions are met:

1. Member must be active and contributing to the Employees' Retirement System at the time of purchase.
2. Member shall not be eligible for credit for time already credited in the Employees' Retirement System or any other retirement plan, except for the federal Social Security program.
3. Member must pay the full actuarially required cost for the service credit as determined by the actuary for the System.
4. For maternity leave ending on or before December 31, 1999, payment must be made no later than September 30, 2000. For maternity leave ending on or after January 1, 2000, payment must be made no later than June 30 of the calendar year following the end of the maternity leave.

## Employer Certification

If the member had more than one period of maternity leave without pay, please provide a breakdown by attached certified documentation.

*To be completed by  
the employer.*

Employing Institution \_\_\_\_\_

Employee Job Classification \_\_\_\_\_

Dates of maternity leave without pay: \_\_\_\_\_ to \_\_\_\_\_  
Month/Day/Year Month/Day/Year

Name and Title \_\_\_\_\_  
Please Print

Telephone Number \_\_\_\_\_

**Sign Here →**  
*Certifying Official*

Signature \_\_\_\_\_ Date \_\_\_\_\_