



Plymouth County Retirement Association  
60 Industrial Park Road  
Plymouth, MA 02360  
Phone number (508) 830 - 1803 \* Fax number (508) 830 - 1875

## Make-Up Buyback Application Form

Please complete this form if you wish to purchase creditable service for which contributions were not previously withheld. Please complete Part 1, then have the payroll department where the service was rendered complete Part 2. You may pay for this time in a lump-sum payment, through payroll deductions or a transfer of funds from another eligible retirement plan.

### Part 1

#### **Section 1 – Member Information**

Name \_\_\_\_\_ SS# XXX - XX - \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Home Phone(\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Cell Phone(\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  
E-mail \_\_\_\_\_  
Unit Currently Employed By \_\_\_\_\_

#### **Section 2 – Buyback Time to purchase**

Call Firefighter       Permanent Intermittent  
 Dispatch       Make-Up (seasonal, provisional, temporary)  
 Other      Please describe \_\_\_\_\_

#### **Section 3 – Statement and Signature by Member**

I hereby apply to purchase the indicated time above. I certify under the penalties of perjury that the information I have provided on this application is true and accurate.

**Applicant's Signature** \_\_\_\_\_ **Date** \_\_\_\_\_



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**Part 2**

**Section 4 – Service Information (to be completed by employer where service was rendered but retirement contributions were not withheld.)**

**Start Date\* to End Date\* Hours Worked Hourly Rate Regular Gross Earnings**  
**of service of service per calendar year**

**\*(Report start/end date by calendar year only)**

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**Member's Job Title** \_\_\_\_\_

**Section 5 – Statement and Signature by Payroll Official**

I certify that the information I have provided above is true and accurate.

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

**Name** \_\_\_\_\_

**Title** \_\_\_\_\_