

5 N 5th Street
Harrisburg PA 17101-1905
Toll-free: 1.888.773.7748
www.psers.pa.gov
Fax: 717.772.3860
PSRS-1127 (07/2019)

Guidelines For Completing Your Purchase of a Maternity Leave of Absence



What is a Maternity Leave of Absence?

A maternity leave of absence is defined as a leave of absence or resignation required due to the pregnancy of an employee. **Credit may not be obtained for leave taken due to the adoption of a child.** To be eligible, your maternity leave of absence or resignation must have an effective date prior to November 1, 1978. You must have at least one full year of credited Pennsylvania school service following your maternity leave of absence. **No more than two years of service credit may be purchased for each period of maternity leave.**

Who May Be Eligible?

- Active contributing members of the Public School Employees' Retirement System (PSERS) **or**
- Multiple service members who are active members of the State Employees' Retirement System (SERS) provided they were members of PSERS prior to the maternity leave of absence and for at least one year after.

How Do I Apply?

Complete a *Purchase of a Maternity Leave of Absence* form.

How Is The Cost Calculated?

The cost reflects your first full school year salary in Pennsylvania following your maternity leave of absence or resignation, multiplied by a combination of the member and employer contribution rates, multiplied by number of years being purchased, plus statutory interest. This interest is compounded annually from the date you became a member or returned to active school/state employment to the date your application is received at PSERS.

Contributions remitted to PSERS for the purchase of maternity leave of absence will be recovered through your monthly benefit and cannot be withdrawn in a lump sum at retirement.

Who Is Responsible For Payment?

You are responsible for both the member's share and the employer's share.

What If I Need Assistance?

Call our toll-free number, 1.888.773.7748 (1.888.PSERS4U), Harrisburg local callers 717.787.8540, between the hours of 8:00 a.m. and 5:00 p.m. to speak with a service representative.

Where Should My Completed Application Be Sent?

- Send To:** PSERS
5 N 5th Street
Harrisburg, PA 17101-1905

What Will PSERS Do If I Am Eligible?

A *Statement of Amount Due* will be sent providing you with the cost and payment options available.

A**Member Information**

Information in this section was provided to PSERS through your employer. Contact your current employer directly if any information appears incorrect.

If you are currently an active member of SERS, contact PSERS immediately if any information appears incorrect.

B**Leave Information**

Provide the following information for each period of your maternity leave. Contact your employer should you have any questions regarding the time frame in which the leave occurred.

Employer Where Leave Occurred. Enter the employer name where the maternity leave of absence or resignation occurred.

School Year When Leave or Resignation Occurred. Enter the school year for each period of service requested.

When did the leave begin or the effective date of resignation? Enter the month, day, and year when the maternity leave of absence or resignation began for each period of leave requested.

C**Child Information**

Name of child. Enter the name of each child (first name, middle initial, last name).

Date of Birth. Enter each child's birth date. Enter month, day, and year.

Adoption. Indicate if child was adopted.

D**Member Certification**

Your signature and the date you signed this form are required. By signing this form, you are requesting the cost to purchase service credit for a maternity leave of absence or resignation.

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Purchase of a Maternity Leave of Absence



| | |
|----------|---------------------------|
| A | Member Information |
|----------|---------------------------|

| | |
|-------------------------------|--|
| Member Name | |
| Social Security Number | |
| Gender | |
| Date of Birth | |

| | |
|---|--|
| Former Last Name (only if used in this System) | |
|---|--|

| | | |
|---------------------------------|--|--|
| Member Address Change | | <input type="checkbox"/> Check here if new address |
| Apt# or Suite | | |
| Mailing Address | | |
| City | | |
| State & Zip Code | | |
| Daytime Phone | | |
| Evening Phone | | |
| Email Address (Optional) | | |

| | |
|----------|--------------------------|
| B | Leave Information |
|----------|--------------------------|

Your employer who required your maternity leave of absence or resignation must complete this section. It is important that you provide the employer with the attached instructions for accurate completion. **Each school year (July 1- June 30) must be listed separately.**

| Employer Where Leave Occurred | School Year When Leave or Resignation Occurred | When did the leave begin or the effective date of resignation? |
|-------------------------------|--|--|
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| C | Child Information |
|----------|--------------------------|

Enter the name and birth date of each child. **Do not list adopted children.** Credit may not be obtained for leave taken due to the adoption of a child.

| | | |
|---|---------------|---|
| 1 | Name of Child | |
| | Date of Birth | |
| | Adoption? | Yes <input type="checkbox"/> No <input type="checkbox"/> |

| | | |
|---|---------------|---|
| 2 | Name of Child | |
| | Date of Birth | |
| | Adoption? | Yes <input type="checkbox"/> No <input type="checkbox"/> |

| | | |
|---|---------------|---|
| 3 | Name of Child | |
| | Date of Birth | |
| | Adoption? | Yes <input type="checkbox"/> No <input type="checkbox"/> |

| | | |
|---|---------------|---|
| 4 | Name of Child | |
| | Date of Birth | |
| | Adoption? | Yes <input type="checkbox"/> No <input type="checkbox"/> |

Do you have previous school service that has not been reported to PSERS? Yes No

If Yes, please contact the employer for whom the service was rendered to complete an *Application to Purchase Uncredited Service*. This information could affect the cost of your maternity leave purchase request.

| | |
|----------|-----------------------------|
| D | Member Certification |
|----------|-----------------------------|

Any restrictions that apply to this purchase will be noted on your *Member Statement of Amount Due*. Please read your statement carefully.

I request the cost to purchase credit for a maternity leave or resignation.

| | |
|-------------------------|--------------------|
| Member Signature | Date Signed |
|-------------------------|--------------------|