



Salem Contributory Retirement Board
20 Central Street, Suite 110
Salem, MA 01970
Phone number (978) 745-8983 * Fax number (978) 745-4216

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, or through 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)**

			\$	\$
			\$	\$
			\$	\$
			\$	\$
			\$	\$
			\$	\$
			\$	\$
			\$	\$
			\$	\$
			\$	\$
			\$	\$

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 _____