

# Employment Transition Information

## *Reduction in Force*

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## ***Reduction-in-Force Policy Benefit Provisions***

This document contains a description of the State of Montana programs and plans to assist you with your transition from state employment because of a reduction in force. This document is for informational purposes only and does not constitute a contract. To the extent that this document may conflict with the actual plan documents, collective-bargaining agreements, or published State policies, the plan documents, collective-bargaining agreements, and policies will govern to the extent applicable.

If you lost your employment due to a reduction-in-force activity, you are eligible for benefits as outlined in the State's Reduction in Force policy.

As noted in the policy, you may select between two options:

1. Retirement benefits provided in statute at 19-2-706, MCA, if eligible (MPERA retirement systems only); or
2. State Employee Protection Act benefits provided in statute at 2-18-1201 et seq., MCA.

The benefits associated with these two options are outlined in policy. Please review the policy and consider information provided in this document before making your decision.

### **Job Registry**

Under the provisions of the State Employee Protection Act, you are eligible to participate in the State's Job Registry administered by the State Human Resources Division. While listed on the registry, agencies may consider and hire you without using a competitive hiring process. Agencies may also include job registry participants in their internal recruitment processes.

You may participate in the job registry for up to two years from your reduction-in-force date. If you choose to participate, you will need to submit an electronic copy of your resume to your agency human resources office or [jobregistry@mt.gov](mailto:jobregistry@mt.gov). Please submit your resume directly to [jobregistry@mt.gov](mailto:jobregistry@mt.gov) if you decide to join the registry after your reduction-in-force date. If you have questions regarding the registry, you may email [jobregistry@mt.gov](mailto:jobregistry@mt.gov).

### **Job Retraining**

You are entitled to job retraining and career development programs provided by the state under the Workforce Investment Act. Your participation must begin within one year of your reduction-in-force date. If you are interested in job retraining and career development programs, contact a Job Service Workforce Center (<http://jobservices.dli.mt.gov/>) for information.

## ***Human Resources and Payroll Topics***

### **Annual/Sick Leave Balances**

You receive cash compensation at your regular pay rate for your unused annual-leave balance, unless you have not met the six-month waiting period or unless you are a member of a VEBA. You receive cash compensation at your regular pay rate for one-fourth of your unused sick-leave balance, unless you have not met the 90-calendar-day waiting period or unless you are a member of a VEBA.

If you select benefits under the State Employee Protection Act (SEPA), you may retain your annual- and sick-leave balances during the two-year SEPA benefit period. If you elect to retain your leave balances, you may submit a written request to cash out your leave balances at any time during this period. If a state agency re-employs you at any time during the two-year period, you will be able to transfer your leave balances when re-employed with the State.

### **Voluntary Employee Benefit Association Members (VEBA)**

If you are a participating member of a VEBA group, you may elect to participate in VEBA at the time of your reduction-in-force date or you may elect to retain your accumulated leave balances in the payroll system for up to two years. During the two-year SEPA period, you will be considered an active, voting member of the VEBA group.

If you are not re-employed by a state agency within the two-year period, you will be required to receive your outstanding leave-balance compensation in the tax-free health reimbursement account (VEBA) if your VEBA group is active on that date. If your VEBA group has been disbanded during the two-year period, you will be required to receive your outstanding leave balances as a taxable cash payout.

For more information regarding VEBA, visit [www.montanaveba.org](http://www.montanaveba.org) or contact the Health Care & Benefits Division at (800) 287-8266, TTY (406) 444-1421, or email [benefitsquestions@mt.gov](mailto:benefitsquestions@mt.gov).

### **Compensatory-Time Balances**

Non-exempt compensatory balances are paid at your regular pay rate at your reduction-in-force date. Exempt compensatory balances are not paid.

### **Expense Reports**

If you are owed travel or other reimbursements near the time of your reduction-in-force date, please submit your expense reimbursement form prior to your reduction-in-force date.

### **Return of State Property**

As you transition from your employment, you will be asked to return any State property to your supervisor or human resources. This property may include keys, employee ID badge, parking permit, procurement card, tools, IT equipment (such as state-issued laptop computer or mobile devices), etc.

### **W-4 Adjustment**

If you choose to adjust your tax-withholding amount prior to receiving your final pay, you may make changes using the Self-Service portal of SABHRS. Be sure to coordinate with your agency HR/Payroll representative regarding the timing of your change. Adjustments made to your W-4 exemptions do not affect the tax withholding on special payments, such as annual- and sick-leave payouts.

### **Notification of Change of Address**

It is your responsibility to ensure your current address is updated in the State's HRIS/payroll system. Your current address is needed to ensure timely delivery of your W-2 and other important mailings. You may update your address information using the SABHRS Self-Service portal prior to your reduction-in-force date. If your address changes after you transition from employment, please contact the agency's human resources office where you were last employed to update your contact information.

## ***Benefit Programs***

The Health Care & Benefits Division (HCBD) staff is available to assist you during your employment transition. For any benefits-related questions, contact HCBD as outlined below.



Email: [benefitsquestions@mt.gov](mailto:benefitsquestions@mt.gov)  
Web: [www.benefits.mt.gov](http://www.benefits.mt.gov)  
Phone: 800-287-8266 or 406-444-7462

### **BENEFIT CONTINUATION UNDER THE STATE EMPLOYEE PROTECTION ACT**

If you lost your job at the State of Montana due to a reduction in force and you elect the benefits under the State Employee Protection Act, you are entitled to continue with the State of Montana Health Benefit Plan (State Plan) for a period of six months following your termination (2-18-1205, MCA). You continue receiving the employer contribution (State Share) for the six-month period, and Basic Life, Medical, Dental, Vision, and Medical Flexible Spending Account benefits will remain intact. You must continue to pay your out-of-pocket contribution amounts. If you obtain another position with the State of Montana and you become eligible for benefits, your coverage will automatically continue as an active employee under your new employment. If you have not been re-hired after the six-month period of State Employee Protection Act coverage and you meet the criteria for retiree coverage under the State Plan (2-18-704, MCA), you will receive a Retiree Election Form to complete and return if you elect to continue your State Plan coverage as an eligible retiree.

Employee Supplemental Life, Spouse Supplemental Life, Accidental Death and Dismemberment, Dependent Life, and Long-Term Disability coverages will NOT continue during the six-month State Employee Protection Act period. Plan Members who lose eligibility for group life-insurance coverage with the State Plan are eligible to convert their life-insurance coverage to an individual policy with The Standard Life Insurance Company by making application to The Standard at (800) 378-4668. Long-Term Disability coverage may not be converted to an individual-coverage plan.

NOTE: Depending upon the length of time you have been employed by the State of Montana, you may be eligible to receive an additional month of coverage as an active member, called the “grandfathered” month. The six-month continuation of benefits begins after the “grandfathered” month of coverage.

**A prepayment option is available for terminating employees who choose to pay benefits from their final paycheck.** Benefits will be taken from the final paycheck on a pretax basis as long as the employee is in the pretax plan. If not, then benefits are taken after tax. Prepayment is limited to the six-month coverage period, except for the Medical Flexible Spending Account which can be prepaid for the months remaining in the current Plan Year. No refund of prepaid payments is available. **Therefore, you should NOT select this option if any chance exists that you, a covered spouse, or your covered child(ren) will cease to be enrolled on the State Plan during the prepaid period.** Contact your agency payroll department for additional information regarding the prepayment option.

If you are eligible for retirement and you DO NOT elect benefits under the State Employee Protection Act, the following conditions apply regarding your State Plan benefits.

**Retire (before age 65):**

1. If you continue coverage with the State Plan as a Retiree before age 65, you will no longer receive the employer contribution (State Share) towards benefits, and you will be responsible for the full State Plan contribution amount. Once you become Medicare eligible, you will be required to enroll in Medicare and will become a Medicare Retiree.

**OR**

2. Terminate coverage and move to another health insurance product (Insurance Marketplace, spouse plan, etc.).

**Retire (after age 65):**

1. If you continue coverage with the State Plan as a Retiree after age 65, you will no longer receive the employer contribution (State Share) towards benefits, and you will be responsible for the full State Plan contribution amount. You will be required to enroll on Medicare, and Medicare Retiree rates apply.

**OR**

2. Terminate coverage and move to Medicare A, B, D, with a Medicare Supplement Plan or Medicare Advantage Plan.

**The following rules apply immediately following termination from State Plan benefits.**

A 1985 federal law (P. L. 99-272, Title X), the Consolidated Omnibus Budget Reconciliation Act (COBRA), modified by the 1996 Health Insurance Portability and Accountability Act (HIPAA), gives employees and all covered dependents who are losing eligibility for employer group health-care benefits the right to continue certain coverage by self-paying the entire monthly group benefit payment and an administrative fee.

You will receive a letter from Allegiance COBRA Services (on behalf of the State of Montana) containing a summary of your rights under federal law to continue group health-care benefits upon termination of your existing benefits. Employees and dependents losing eligibility for benefits because of a life event (known as a qualifying event) also receive this letter to ensure they have the information needed to choose whether to continue health-care benefits under COBRA. You can contact Allegiance COBRA Services at (406) 721-2222 or [COBRAInquire@askallegiance.com](mailto:COBRAInquire@askallegiance.com).

**Please note: other options may be available to you when your group health coverage ends.**

Other coverage options may be available for you and your family through the Health Insurance Marketplace, Medicaid, or other group health-plan coverage options (such as a spouse's plan) through what is called a "Special Enrollment Period," even if that plan generally doesn't accept late enrollees. Some of these options may be less expensive than COBRA-continuation coverage. By enrolling in coverage through the Marketplace, you may qualify for lower costs for your monthly premiums and lower out-of-pocket costs. You can learn more about many of these options at [www.healthcare.gov](http://www.healthcare.gov).

**If you have specific questions regarding coverage or claims, you can also contact:****Medical Plan Coverage**

Allegiance

1-888-999-1057

[www.askallegiance.com/som](http://www.askallegiance.com/som)

### **Prescription Drug Plan Coverage**

Navitus 1-866-333-2757 [www.navitus.com](http://www.navitus.com)

### **Vision Hardware Coverage**

Cigna 1-877-478-7557 [www.myCigna.com](http://www.myCigna.com)

### **Dental Plan Coverage**

Delta Dental 1-866-496-2370 [www.deltadentalins.com/stateofmontana](http://www.deltadentalins.com/stateofmontana)

### **Life Insurance and ADD Coverages**

The Standard Insurance Company 1-800-759-8702 [www.standard.com](http://www.standard.com)

Plan Members who lose eligibility for group life-insurance coverage with the State Plan are eligible to port or convert their life-insurance coverage to an individual policy with The Standard Life Insurance Company by making application to The Standard. The deadline to apply and pay premium for portability is 31 days after employment terminates. For conversion, the deadline to apply and pay premium is 31 days after coverage was reduced or ended. Please note: the termination date for employment may differ from the termination date for coverage.

### **Long-Term Disability Insurance**

The Standard Insurance Company 1-800-759-8702 [www.standard.com](http://www.standard.com)

Coverage under the State's Long-Term Disability benefit program **will cease on the date after your employment ends.** Disability coverage may not be converted to an individual coverage plan.

### **Flexible Spending Accounts (FSA)**

Allegiance 1-866-339-4310 [www.askallegiance.com/som](http://www.askallegiance.com/som)

#### **Medical Flexible Spending Account (FSA)**

You remain covered by the Medical FSA for the time period for which contributions have been paid. You may elect to prepay your Medical FSA contribution on a pre-tax basis through the end of the current Plan Year (January 1 – December 31) from your final paycheck. In the event contributions are prepaid through the end of the Plan Year, you will be considered a participant of the Medical FSA through the end of the Plan Year and may submit claims for expenses incurred through December 31.

If you DO NOT elect to prepay your Medical FSA contributions, you may submit claims up to 120 days after your termination. Only expenses incurred prior to your termination date are eligible for reimbursement. Any money left in your account after the 120-day period is forfeited.

Additionally, if you DO NOT elect to prepay your Medical FSA, COBRA-continuation coverage may be available to you for continuing coverage under the Medical FSA on an after-tax basis. Contact Allegiance to discuss this option at (406) 721-2222 or [COBRAinquire@askallegiance.com](mailto:COBRAinquire@askallegiance.com).

#### **Dependent Care Flexible Spending Account (FSA)**

You will not be able to contribute to the Dependent Care FSA after your termination date. An employee may request reimbursement for qualifying dependent care expenses incurred during the

remainder of the Plan Year (January 1 – December 31) from the balance remaining in the Dependent Care FSA at the time of termination. Claims must be submitted within 120 days of the end of the Plan Year. Any money left in your account after 120-day period is forfeited.

### **Employee Assistance Program (EAP)**

Reliant Behavioral Health (RBH)

866-750-0512

MyRBH.com (Access Code: Montana)

You may continue to access EAP services throughout your six-month benefit period. These services are available to you, your dependents, and all household members at no cost. More information about these services are available at: <https://hr.mt.gov/Programs/Workforce-Wellness>.

For detailed descriptions of the benefits available to you, please refer to the applicable Wrap Plan Document found at [www.benefits.mt.gov/Publications](http://www.benefits.mt.gov/Publications). The State Plan may change or terminate benefits at any time, even benefits that apply to you after your termination.

## ***Retirement Plans***

If you are a participant in one of the systems administered by the Montana Public Employee Retirement Administration, staff is available to assist you during your employment transition.



Email: [mpera@mt.gov](mailto:mpera@mt.gov)

Web: [www.mpera.mt.gov](http://www.mpera.mt.gov)

Phone: 406-444-3154 or 877-275-7372

The Retirement Service Purchase Program, which is contained under section 19-2-706, MCA, provides benefits for certain eligible state agency employees who are subject to a reduction in force. Under this program, if an eligible employee so elects, a state agency employer who terminates an employee through a reduction in force is required to contribute a portion of the total cost of up to three (3) years of 1-for-5 additional service credit that the member is qualified to purchase under sections 19-3-513 (PERS), 19-6-804 (HPORS), 19-7-804 (SRS), 19-8-904 (GWPORS), or 19-13-405 (FURS), MCA. To receive this benefit and to participate in this program, the member subject to the reduction in force must waive in writing benefits for which the member would otherwise be eligible for under the State Employee Protection Act (section 2-18-1205, MCA).

### ***Who is Eligible to Participate?***

An employee of a state agency is eligible to participate in this program if the employee is laid off as a result of a reduction in force and is **1**) an active member of the Public Employees' Retirement System (PERS) Defined Benefit Plan or the Game Wardens' and Peace Officers' (GWPORS), Sheriffs' (SRS), Firefighters' Unified (FURS), or Highway Patrol Officers' Retirement System (HPORS); **2**) is eligible for normal or early retirement in the retirement system; and **3**) is also eligible and qualified to purchase additional 1-for-5 service credit under sections 19-3-513 (PERS), 19-6-804 (HPORS), 19-7-804 (SRS), 19-8-904 (GWPORS), or 19-13-405 (FURS). MCA.

Please note: This program does not apply to members of the PERS Defined Contribution Plan.

**What is Normal or Early Retirement in PERS, HPORS, SRS, GWPORS, and FURS?**

<b>PERS</b>	
<b>Normal Retirement Eligibility</b>	<b>Early Retirement Eligibility</b>
PERS Members hired before July 1, 2011 - Age 60 with at least five years membership service; or - Attain age 65 while employed; regardless of years of membership services; or - 30 years of membership service at any age.	PERS Members hired before July 1, 2011: - Age 50 with at least five years membership service; or - 25 years of membership service at any age.
PERS Members hired on or after July 1, 2011: - Age 65 with at least five years of membership service; or - Age 70 and in active service.	PERS Members hired on or after July 1, 2011: - Age 55 with at least five years membership service.

<b>HPORS</b>	
<b>Normal Retirement Eligibility</b>	<b>Early Retirement Eligibility</b>
- 20 years of membership service at any age.	HPORS Members hired before July 1, 2013: - 5 years of membership service before normal retirement age. HPORS members hired on or after July 1, 2013: - 10 years of membership service before reaching normal retirement age.

<b>SRS</b>	
<b>Normal Retirement Eligibility</b>	<b>Early Retirement Eligibility</b>
- 20 years of membership service at any age.	- Age 50 with 5 years membership service.

<b>GWPORS</b>	
<b>Normal Retirement Eligibility</b>	<b>Early Retirement Eligibility</b>
- Age 50 at least 20 years of membership service.	- Age 55 with 5 years membership service.

<b>FURS</b>	
<b>Normal Retirement Eligibility</b>	<b>Early Retirement Eligibility</b>
- 20 years of members service at any age.	- Age 50 with 5 years membership service.

**What is 1-for-5 service?**

A 1-for-5 service purchase allows an active member to purchase 1 year of service credit for each 5 years of membership service the member accrues in the retirement system, for up to a total of 5 years.

Please note: Under section 19-3-514 (PERS), 19-6-805 (HPORS), 19-7-805 (SRS), 19-8-906 (GWPORS), and 19-13-406 (FURS), MCA, an active employee of any of the above-mentioned systems may not purchase more than a combined total of 5 years of 1-for-5 service, previous military service, previous service in other public retirement systems at the federal, state, or local government level, or previous federal volunteer service.



### ***What is the Cost to Purchase 1-for-5 Service?***

The total cost of each year of service purchased under this program is the total actuarial cost of purchasing service. Factors used to determine this actuarial cost are an employee's previous 12-month salary, the amount of service the employee will be purchasing, and an actuarial factor table computation based upon the employee's age and years of service.

### ***How is the Employer's Cost Calculated?***

The portion of the total cost an employer is required to pay is the product of the following equation: amount of service being purchased (up to 3 years), multiplied by the current combined employer and employee contribution rate in effect for the employee's retirement system, multiplied by the employee's gross compensation paid during the immediate preceding 12 months of membership service before the employee's retirement date.

**PERS Employer Cost = # of years (up to 3) X .1647 X Employee's Preceding 12 Month Salary**

**HPORS Employer Cost = # of years (up to 3) X .5138 X Employee's Preceding 12 Month Salary**

Please note for HPORS: If the employee did not select GABA, the calculation is:  
# of years (up to 3) X .5133 X Employee's Preceding 12 Month Salary

**SRS Employer Cost = # of years (up to 3) X .2361 X Employee's Preceding 12 Month Salary**

**GWPORS Employer Cost = # of years (up to 3) X .1956 X Employee's Preceding 12 Month Salary**

**FURS Employer Cost = # of years (up to 3) X .2506 X Employee's Preceding 12 Month Salary**

Please note for FURS: If the employee did not select GABA, the calculation is:  
# of years (up to 3) X .2386 X Employee's Preceding 12 Month Salary

Please note: An employee may elect to pay the difference, if any, between the total actuarial cost and the employer contribution. If the employee does not pay the difference, the employer's contribution may not cover the total years of service the employee is eligible to purchase.

### ***Benefit Can Be Subject to Forfeiture***

All service credit purchased through this program is subject to forfeiture if an employee returns to work for any state agency and works 960 or more hours in a calendar year.

You are encouraged to contact MPERA staff for answers to any questions you may have related to this service-purchase program.

### **WITHDRAWING YOUR FUNDS**

If you leave employment, you have several choices regarding your retirement funds. For additional information, please refer to the information provided on the MPERA website.

- 1. Leave Your Money on Account.** Generally, you may leave your assets in the plan administered by MPERA to grow tax deferred until you reach age 70½. If your account balance is less than \$1,000, it will be refunded. If you are a vested Defined Benefit Retirement Plan member who is eligible for retirement, you can request a retirement benefit estimate by submitting a written request to MPERA at the above email address.
- 2. Direct Rollover into Another Eligible Plan.** You may choose to roll your funds of \$200 or more into another eligible plan. Be sure to confirm that the new plan will accept your rollover.
- 3. Take a Distribution.** If you take a distribution from your account, we are required to withhold 20% of distribution for federal income-tax purposes. State tax withholding may also apply. Once you take a distribution, you also have the option of rolling it over into an IRA or a qualified employer's plan within 60 days to avoid ordinary income tax in the year received. If you are under 59½ years old, you may also have to pay a 10% additional income tax for early distributions. Please contact a tax professional before making a final decision.

If you choose a direct rollover or distribution, you will need to have severed employment for at least 30 days and have been paid your compensatory, annual-, and sick-leave balances.

Defined **Benefit** Retirement Plan (DBRP) members will receive a refund of their contributions plus interest. Per statute, employer contributions are not refundable.

Defined **Contribution** Retirement Plan (DCRP) members may contact Empower Retirement Services at (406) 449-2408 to request the required paperwork.

- Non-vested members will receive a refund of their contributions plus interest.
- Vested members will receive a refund of their contributions and employer contributions plus interest.

### **Deferred Compensation Plan**

Empower Retirement Services

(406) 449-2408 or (800) 981-2786

You are always 100% vested in your Deferred Compensation Account. Empower Financial is the record-keeper for the State of Montana 457(b) Deferred Compensation Plan. Upon termination of your employment, you may:

1. Keep your money invested in the Plan and, if desired, continue to manage your money within the offered investment options;
2. Withdraw your money in an elected and defined method, which may be subject to ordinary income tax; or
3. Roll your money to another eligible employer's plan that accepts rollovers, or to an Individual Retirement Account.

### ***Teachers' Retirement System***

If you are a participant of the Teachers' Retirement System, staff is available to assist you during your employment transition.



Email: [trswadmin@mt.gov](mailto:trswadmin@mt.gov)  
Web: <https://trs.mt.gov>  
Phone: 866-600-4045 or 406-444-3134

## REDUCTION IN FORCE – IMPACTS ON TRS RETIREMENT BENEFITS

If you are leaving your employment, you have several choices regarding your retirement funds. For additional information, please refer to the information provided on the TRS website.

- 1. Leave Your Money on Account.** Generally, you may leave your assets in the plan administered by TRS to grow tax deferred until you reach age 70½. If you are a vested member of TRS with 5 or more years of service credit, you can estimate your retirement benefit using the TRS online calculator available on the TRS website or contact TRS to have an estimate of benefits mailed directly to you.
- 2. Direct Rollover into Another Eligible Plan.** You may choose to roll your funds into another eligible plan. Be sure to confirm that the new plan will accept your rollover.
- 3. Withdraw and Receive a Refund of Contributions.** You are eligible to withdraw your contributions plus interest if you have terminated employment and have no prospect of returning to work for a TRS employer for at least 60 days. If you withdraw your account balance, we are required to withhold 20% of the distribution for federal income-tax purposes. State tax withholding may also apply. Once you take a distribution, you also have the option of rolling it to an IRA or a qualified employer's plan within 60 days to avoid ordinary income tax in the year received. If you are under 59½ years old, you may also have to pay a 10% additional income tax for early distributions. **If you withdraw, you will forfeit the right to receive (or for your beneficiary to receive) any retirement or death/survivor benefit from TRS unless you return to work in TRS-covered employment and repurchase your withdrawn creditable service.**
- 4. Retire.** If you have terminated employment and meet TRS's age and service criteria to be eligible to receive early or regular retirement benefits, you may apply for monthly retirement benefits. If you retire with TRS, your retirement will be final and irrevocable upon payment of your first monthly retirement benefit. You will be subject to all TRS requirements for termination of employment, service of the 150-calendar-day break-in-service period prior to again working in TRS-reportable employment and will be subject to the postretirement employment limitations if you later return to TRS-reportable employment. Therefore, you should only retire if you intend to be retired and not as a "stop-gap" income measure until you're able to find work again in TRS-reportable employment.

Please contact your financial/tax advisor(s) before making a final decision.

*Important Notes: The **Retirement Service Purchase Plan described in 19-2-706, MCA, does NOT apply to TRS participants.** A TRS participant may not purchase additional years of creditable service unless entitled to do so under one of TRS's standard service-purchase provisions described in Title 19, chapter 20, part 4 of the MCA (for example, a purchase of out-of-state teaching service or a re-purchase of previously withdrawn TRS creditable service).*

*If you are eligible to purchase creditable service under one of TRS's service-purchase provisions, you must generally do so while an active member with TRS and may generally do so only after accruing an*

*additional full year of creditable service in a TRS-reportable position following a break in service (including due to a reduction in force). Therefore, you should seriously consider purchasing any service you are currently eligible to purchase before your current TRS-reportable employment is terminated. If you believe you may be eligible to purchase service, please contact TRS immediately for additional information and service-purchase costs and terms.*

*If you do not retire with TRS following the termination of your employment due to a reduction in force and you later return to employment in a TRS-reportable position for at least one full year, you may then be eligible to purchase creditable service for up to 2 full years of your break-in-service time.*

*If you retire with TRS following the termination of your employment due to a reduction in force, you will not be eligible to purchase any additional creditable service following your initial retirement, even if you are subsequently employed in a TRS reportable position and return to active member status with TRS.*