



STATE OF DELAWARE
STATE BOARD OF PENSION TRUSTEES
AND
OFFICE OF PENSIONS
MCARDLE BUILDING
860 SILVER LAKE BLVD., SUITE 1
DOVER, DE 19904-2402

When Calling Long Distance
Toll Free Number 1-800-722-7300
Email: pensionoffice@state.de.us

Telephone (302) 739-4208
FAX # (302) 739-6129
www.delawarepensions.com

TO: Education Employees First Hired Prior to 7/1/76

FROM: Office of Pensions

RE: Other Professional Educational Employment (OPEE)

If you were first hired prior to 7/1/76, you may be eligible to purchase up to four (4) years of service credit for other professional educational employment, which means full-time employment for another state, a municipality in another state, the Federal Government, or an accredited private school or college anywhere in the world. An accredited private school or college is one that is recognized by the State Department of Education. It **does not** include part-time employment, or as a graduate teaching assistant or employment after you begin receiving a pension check from the Pension Fund.

To be eligible, you must have become a school teacher, professional administrative or supervisory employee, or school nurse employed in a public school, the State Department of Education, the University of Delaware, Delaware State University, or Delaware Technical and Community College before July 1, 1976.

In addition, you must pay to the Plan 5% of your final average compensation for each month to be credited. The credit cannot be purchased until retirement and cannot be used to determine eligibility for a service pension except in establishing a 30 year retirement with at least 25 years of creditable State service.

DO NOT WAIT UNTIL RETIREMENT TO VERIFY ANY QUALIFIED EMPLOYMENT. THIS CAN BE A LENGTHY PROCESS, AND IF YOU HAVE NOT ALREADY DONE SO, START NOW. WE CANNOT ALLOW YOU TO BUY-IN IF THIS SERVICE HAS NOT BEEN VERIFIED. INSTRUCTIONS AND A FORM LETTER ARE ATTACHED FOR YOUR USE IN VERIFYING YOUR EMPLOYMENT. THE VERIFICATION SHOULD BE ADDRESSED TO AND SUBMITTED DIRECTLY TO THE PENSION OFFICE AT THE ABOVE ADDRESS. YOU MAY WANT TO REQUEST A COPY FOR YOUR RECORDS.

SAMPLE LETTER

[Date]
[Your Return Address]

Name of School
Address of School

To Whom it May Concern:

RE: [Your Social Security Number]
[Dates Employed]
[Names - Other Than Current Name]

In order to purchase other professional educational employment, I need to have written verification of my service **submitted on official letterhead of the school in reference with an official signature**. The attached form contains the information needed to satisfy the requirements of the State of Delaware. **Please copy this form onto your letterhead**, complete, sign and return to the following address as soon as possible.

State of Delaware
Office of Pensions
McArdle Building
860 Silver Lake Blvd., Suite 1
Dover, DE 19904-2402

Also, forward a copy to my home address. Your prompt attention to this matter would be greatly appreciated.

Sincerely,

[Your Full Name]

Other Professional Employment Verification Form

NAME _____

SOCIAL SECURITY NUMBER _____

SCHOOL/COLLEGE UNIVERSITY _____

ADDRESS _____

1. Beginning Employment Date: _____
Month Day Year

Ending Employment Date: _____
Month Day Year

2. Continuous Employment; No Absences Without Pay: _____
Brief Explanation if answer is "No" Yes No

3. Title of Position Held: _____
Length of contract: 9 mo. _____ 10 mo. _____ 11 mo. _____ 12 mo. _____

4. Specify beginning and ending dates for your standard school year: _____
mo/day/year mo/day/year

5. Full time Employment: Yes _____ No _____
(Part Time Employment Cannot Be Purchased)

6. If You Are a College or Private School, Are You Accredited? Yes _____ No _____
If "Yes" by Whom: _____
If "No", explain Briefly: _____

Date

Official Signature

Telephone Number

Title