



Orange County Employees Retirement System  
 2223 E. Wellington Avenue, Suite 100  
 Santa Ana, CA 92701  
 (714) 558-6200  
 www.ocers.org

# Request To Purchase Service Credit

Please print or type

## Instructions for Completing Form

We have received your inquiry to purchase retirement service credit(s). Please complete this form so that we can determine your eligibility to make this purchase. Be sure to:

- ◆ Complete all sections of the form. Incomplete forms may delay calculations.
- ◆ In Section 2, check the box next to the type of service that you are interested in purchasing and **indicate the appropriate dates**.
- ◆ Sign and date this form.
- ◆ Return the white copy to OCERS and retain the yellow copy for your records.

You will receive a written notice of our determination. If eligible, a contract to purchase this service will be mailed to you.

## 1. Member Information

First Name	M.I.	Last Name	
Previous Last Name(s)			Social Security Number
Home/Mailing Address	City	State	Zip Code
Current Employer/Department		Email Address	

Have you requested this information before? If yes, when \_\_\_\_\_ Date

## 2. Type of Service

Each Service Type will be calculated separately.

- Previous Service  
 Orange County Service: \_\_\_\_\_ From: \_\_\_\_\_  
Employer / Department To: \_\_\_\_\_
- Medical Leave with Orange County: \_\_\_\_\_ From: \_\_\_\_\_  
 To: \_\_\_\_\_
- Workers' Compensation with Orange County: \_\_\_\_\_ From: \_\_\_\_\_  
 To: \_\_\_\_\_
- Public Service - Retirement System (California Only): \_\_\_\_\_ From: \_\_\_\_\_  
System To: \_\_\_\_\_
- Excluded Service (Extra Help) with Orange County: \_\_\_\_\_ From: \_\_\_\_\_  
 To: \_\_\_\_\_

## 3. Member Signature

I hereby affirm that the statements I have made on this form are true and correct to the best of my knowledge and belief.

\_\_\_\_\_  
 Member Signature

\_\_\_\_\_  
 Date

( ) \_\_\_\_\_  
 Daytime Phone Number