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