

**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 original to OCERS and retain a 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.

**This Section  
 Must Be  
 Completed**

Previous Service Covered by OCERS: \_\_\_\_\_ From: \_\_\_\_\_  
 Employer To: \_\_\_\_\_

Medical Leave: \_\_\_\_\_ From: \_\_\_\_\_  
 Employer To: \_\_\_\_\_

Workers' Compensation: \_\_\_\_\_ From: \_\_\_\_\_  
 Employer To: \_\_\_\_\_

Public Service - Retirement System (California Only): \_\_\_\_\_ From: \_\_\_\_\_  
 Retirement System To: \_\_\_\_\_

Excluded Service: \_\_\_\_\_ From: \_\_\_\_\_  
 Employer 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