



Request To Purchase Service Credit

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