



# Request for Service Credit Cost Information — Layoff, Prior Service, and Optional Member Service

888 CalPERS (or 888-225-7377) • TTY: (877) 249-7442

\_\_\_\_\_  
Name of Member (Last Name, First Name, Middle Initial)

\_\_\_\_\_  
Social Security Number or CalPERS ID

## Section 1

### About You

The earlier in your career you purchase service credit, the lower your cost will be.

Any balance resulting from an election must be paid in full by your retirement date.

Purchase early so you have enough time to pay the balance in full by your retirement date, or your retirement benefit will be reduced by the actuarial equivalent of your remaining balance.

\_\_\_\_\_  
Member Mailing Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
ZIP Code

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

\_\_\_\_\_  
Email Address

Have you submitted a retirement application? ☐ No ☐ Yes

\_\_\_\_\_  
Retirement Date (mm/dd/yyyy)

Have you ever been a member of a public retirement system in California other than CalPERS?

☐ No ☐ Yes

\_\_\_\_\_  
Name of System(s)

If yes, have you purchased the service being requested in that retirement system? ☐ No ☐ Yes

## Section 2

### Layoff, Prior Service, or Optional Member Service Employment Information

List information about the employer you worked for at the time of your layoff, prior service, or optional member service.

\_\_\_\_\_  
Employment From (mm/dd/yyyy)    Employment To (mm/dd/yyyy)    Employer

Type of Credit    ☐ Layoff    ☐ Prior Service    ☐ Optional Member Service

\_\_\_\_\_  
Employment From (mm/dd/yyyy)    Employment To (mm/dd/yyyy)    Employer

Type of Credit    ☐ Layoff    ☐ Prior Service    ☐ Optional Member Service

\_\_\_\_\_  
Employment From (mm/dd/yyyy)    Employment To (mm/dd/yyyy)    Employer

Type of Credit    ☐ Layoff    ☐ Prior Service    ☐ Optional Member Service

\_\_\_\_\_  
Employment From (mm/dd/yyyy)    Employment To (mm/dd/yyyy)    Employer

## Section 3

### Member Certification

Give this form to the employer you worked for at the time of your layoff, prior service, or optional member service for completion of Sections 4, 5, and 6 before returning to CalPERS.

I hereby certify under penalty of perjury the above information is true and correct to the best of my knowledge. I understand I must meet the requirements under California law. I have reviewed the publication ***A Guide to Your CalPERS Service Credit Purchase Options*** (PUB 12) and I meet all the requirements outlined in the publication. I understand it is my responsibility to ensure this form is received by CalPERS. I further understand any balance resulting from an election must be paid in full by my retirement date, or my retirement benefit will be reduced by the actuarial equivalent of the remaining balance.

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

\_\_\_\_\_  
Date (mm/dd/yyyy)

Your Name

Social Security Number or CalPERS ID

## Section 4

### Employer Certification (To be completed by the employer at the time of the member's layoff, prior service, or optional member service.)

**Reminder:** If the employee has indicated a retirement date in Section 1, it is imperative that CalPERS receive this completed Employer Certification section promptly. Delays in receiving this information from your agency could affect the employee's ability to make their election prior to retirement.

For layoff, list the dates the member was laid off work.

#### Member Layoff History

Date From (mm/dd/yyyy)

Date To (mm/dd/yyyy)

For layoff only, skip Section 5 and go to Section 6.

For the member to be eligible for prior service, the employment period must be prior to the employer's CalPERS contract date. Complete the detailed history for the employment period dates and time worked.

#### Member Prior Service History

Did your agency have a local retirement system (prior to CalPERS contract)? ☐ No ☐ Yes

Was this member a participant of the local retirement system? ☐ No ☐ Yes

Did the member withdraw these funds? ☐ No ☐ Yes

Total Service Credit

Amount Withdrawn

Plan Type: ☐ Defined Benefit ☐ Defined Contribution

If the employee contributed to a Defined Benefit (DB) plan, attach DB plan information to this form.

Date Range Member Contributed

Beginning Date (mm/dd/yyyy)

Ending Date (mm/dd/yyyy)

Plan Name:

Position Title

For optional member service, complete the questions on the optional period, as well as the detailed history.

#### Optional Member Service

Was this position filled by an election or appointment to a fixed term of office? ☐ Election ☐ Appointment

Position Title

Was compensation paid considered a salary? (Expense reimbursement is not a salary.) ☐ No ☐ Yes

Your Name

Social Security Number or CalPERS ID

## Section 5

Complete the required Pay Period Detail for the requested time period.

After completing Sections 4–5 and before submitting these forms

to CalPERS, provide copies of this form to:

- your payroll/fiscal department,
- the employee, and
- your own agency's records.

## Prior Service or Optional Member Service Pay Period Detail

Employer Name

Please complete all sections for the period(s) this person was employed by your agency. You must provide service period dates, position titles, pay rates, hours worked, and earnings **for each pay period**. Please indicate any overtime, special compensation, and holiday pay in a separate row. Also, indicate if the employee was subject to mandatory furloughs by pay period.

**Government Code section 20221 specifies employers are required to furnish CalPERS with information requested.**

For help completing this form, visit [www.calpers.ca.gov](http://www.calpers.ca.gov) to view Circular Letters concerning employer certification guidelines.

### Appointment Tenure

☐ Permanent ☐ Indeterminate ☐ Seasonal Term End Date (mm/dd/yyyy)

☐ Temporary Term End Date (mm/dd/yyyy) ☐ Other (Explain):

Check the box for the classification of the employment period(s) being requested. Then, provide the dates, or indicate all, for the employment period(s) of the classification(s) selected:

#### Classification

#### Applicable Employment Period

☐ School Miscellaneous

Employment From (mm/dd/yyyy) To (mm/dd/yyyy)

☐ Local Miscellaneous

Employment From (mm/dd/yyyy) To (mm/dd/yyyy)

☐ Local Safety – Other

Employment From (mm/dd/yyyy) To (mm/dd/yyyy)

☐ Local Safety – Fire

Employment From (mm/dd/yyyy) To (mm/dd/yyyy)

☐ Local Safety – Police

Employment From (mm/dd/yyyy) To (mm/dd/yyyy)

A fillable version of this form is available at [www.calpers.ca.gov/docs/forms-publications/layoff-prior-service-optional-service-credit.pdf](http://www.calpers.ca.gov/docs/forms-publications/layoff-prior-service-optional-service-credit.pdf).

[illegible]

Continue on the next page if necessary.

**Statement and Signature of Personnel or Payroll Officer**

**Required:** By signing, I certify the following:

1. The information provided in Sections 4 and 5 is true, complete, and correct to the best of my knowledge and belief;
2. I am an authorized representative of the agency named in Section 5 and am qualified to certify this form;
3. I understand this form provides CalPERS with the information required to assess eligibility, calculate the cost, and determine the amount of purchasable service credit that, if elected, will be included in the member's retirement calculation;
4. I understand the agency named in Section 5 is accepting any employer liability associated with this service credit purchase.

Signature \_\_\_\_\_ Title \_\_\_\_\_ Date (mm/dd/yyyy) \_\_\_\_\_

Printed Name \_\_\_\_\_ Business Phone \_\_\_\_\_ Fax \_\_\_\_\_

### Prior Service or Optional Member Service Pay Period Detail

A fillable version of this form is available at [www.calpers.ca.gov/docs/forms-publications/layoff-prior-service-optional-service-credit.pdf](http://www.calpers.ca.gov/docs/forms-publications/layoff-prior-service-optional-service-credit.pdf).

[illegible]

\_\_\_\_\_  
Your Name

\_\_\_\_\_  
Social Security Number or CalPERS ID

**Section 6**

**Statement and Signature of Personnel or Payroll Officer**

**Statement and Signature of Personnel or Payroll Officer**

**Required:** By signing, I certify the following:

1. The information provided in Section 4 is true, complete, and correct to the best of my knowledge and belief;
2. I am an authorized representative of the agency named in Section 2 and am qualified to certify this form;
3. I understand this form provides CalPERS with the information required to assess eligibility, calculate the cost, and determine the amount of purchasable service credit that, if elected, will be included in the member's retirement calculation;
4. I understand the agency named in Section 2 is accepting any employer liability associated with this service credit purchase.

\_\_\_\_\_  
Signature Title Date (mm/dd/yyyy)

\_\_\_\_\_  
Printed Name ( ) Business Phone ( ) Fax

\_\_\_\_\_  
Email

# Privacy Notice

The privacy of personal information is of the utmost importance to CalPERS. The following information is provided to you in compliance with the Information Practices Act of 1977 and the Federal Privacy Act of 1974.

## Information Purpose

The information requested is collected pursuant to the Government Code (sections 20000 et seq.) and will be used for administration of Board duties under the Retirement Law, the Social Security Act, and the Public Employees' Medical and Hospital Care Act, as the case may be. Submission of the requested information is mandatory. Failure to comply may result in CalPERS being unable to perform its functions regarding your status.

Please do not include information that is not requested.

## Social Security Numbers

Social Security numbers are collected on a mandatory and voluntary basis. If this is CalPERS' first request for disclosure of your Social Security number, then disclosure is mandatory. If your Social Security number has already been provided, disclosure is voluntary. Due to the use of Social Security numbers by other agencies for identification purposes, we may be unable to verify eligibility for benefits without the number.

Social Security numbers are used for the following purposes:

1. Enrollee identification
2. Payroll deduction/state contributions
3. Billing of contracting agencies for employee/ employer contributions
4. Reports to CalPERS and other state agencies
5. Coordination of benefits among carriers
6. Resolving member appeals, complaints, or grievances with health plan carriers

## Information Disclosure

Portions of this information may be transferred to other state agencies (such as your employer), physicians, and insurance carriers, but only in strict accordance with current statutes regarding confidentiality.

## Your Rights

You have the right to review your membership files maintained by the System. For questions about this notice, our Privacy Policy, or your rights, please write to the CalPERS Privacy Officer at 400 Q Street, Sacramento, CA 95811 or call us at **888 CalPERS** (or 888-225-7377).