



Request for Service Credit Information— Military Leave of Absence 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

There are two types of military leave of absence service credit: Military Leave of Absence – No Member Cost and Military Leave of Absence – Member Cost. If you meet all the requirements of Government Code section 20997, you will receive your military leave of absence service credit at no member cost. Refer to Publication 15, *A Guide to Your CalPERS Military Service Credit Options*. CalPERS will determine your eligibility after you submit your completed request form.

Section 1

About You

If you have submitted a retirement application, check the **Yes** box and indicate your planned retirement date.

Former Name (if applicable)

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Daytime Phone

Mailing Address

City

State

ZIP Code

Current Employer

Have you submitted a retirement application? No Yes Retirement Date (mm/dd/yyyy)

Are you a member of a public retirement system in California other than CalPERS? No Yes

Name of System

Is the military service being requested already credited in another retirement system? No Yes

Name of System

Section 2

Military Active Duty Service Dates (attach certification)

List your active duty military service dates from your Military Certification.

Armed Forces Branch

Enlistment Date (mm/dd/yyyy)

Discharge Date (mm/dd/yyyy)

Armed Forces Branch

Enlistment Date (mm/dd/yyyy)

Discharge Date (mm/dd/yyyy)

Attach a copy of your military discharge or leave of absence documents (i.e., DD-214).

Were you employed by a CalPERS-covered employer and granted a leave of absence to enter the military?

No Yes Employer

Section 3

Military Leave of Absence Requirements

Did you enter into active military service within 90 days from the beginning of your leave of absence? No Yes

Was your military discharge anything other than dishonorable? No Yes

Did you return to CalPERS-covered employment within six months of your discharge date from active duty?
 No Yes

Did you retire from employment while on the military leave of absence? No Yes

If you answered **No** to any of the above questions, there may be a cost associated with your military leave of absence service credit.

Section 4

Member Certification

Sign and date the request form. Make a copy for your records.

I hereby certify that the above information is true and correct.

Member Signature

Date (mm/dd/yyyy)

Mail to:

CalPERS Member Account Management Division • P.O. Box 4000, Sacramento, California 95812-4000

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**).