

# 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
Section 1	About You	
Any balance resulting from an election must be paid in	Member Mailing Address	
full by your retirement date.	 City	State ZIP Code
Purchase early so you have enough time to pay the balance	( )   Daytime Phone Email Address	
in full by your retirement	Have you submitted a retirement application? $\ \square$ No $\ \square$ N	Retirement Date (mm/dd/yyyy)
date, or your retirement benefit will be reduced by	Have you ever been a member of a public retirement system	,
the actuarial equivalent of your remaining balance.	□ No □ Yes	
	Name If yes, have you purchased the service being requested in	e of System(s) n that retirement system?  No Yes
	Were you employed by a CalPERS-covered employer and granted a leave of absence to enter the military?	
	□ No □ Yes	
	If no, please complete and submit the applicable form, <i>Request for Service Credit Cost Information— Military Service.</i>	
Section 2	Member Certification	
Attach a copy of your	I hereby certify under penalty of perjury the above information is true and correct to the best of my knowledge.	
military discharge or leave	I understand I must meet the requirements under California law. I have reviewed the publication <i>A Guide to Your</i>	
of absence documents	CalPERS Military Service Credit Options (PUB 15) and I meet all the requirements outlined in the publication.	
(i.e., DD-214).	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	
Sign and date the request	the actuarial equivalent of the remaining balance.	
form. Make a copy for		
your records.	 Member Signature	Date (mm/dd/yyyy)

Mail to:

## **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
- 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).

