



Request for Service Credit Cost Information — Military 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

Former Name (if applicable) Daytime Phone

Mailing Address

City State ZIP Code Current Employer

What date do you plan to retire? Retirement Date (mm/dd/yyyy)

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

No Yes Employer

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

If you were employed by a CalPERS-covered employer and were granted a leave of absence to enter the military, check the Yes box and indicate your employer's name.

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)

Armed Forces Branch Enlistment Date (mm/dd/yyyy) Discharge Date (mm/dd/yyyy)

Requested number of years to purchase: Maximum years allowable

Section 3

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)

Attach a copy of your military discharge or leave of absence documents (i.e., DD-214). Also attach a copy of your cost estimate from the Service Credit Cost Estimator at www.calpers.ca.gov/servicecreditestimator.

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**).