



Request for Service Credit Cost Information — Redeposit of Withdrawn Contributions

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.

Member Mailing Address

City State ZIP Code

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

() _____
Daytime Phone Email Address

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

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.

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

Employment Information

Select the applicable box for the refund you are requesting cost information for.

- Most Recent CalPERS Refund
- All CalPERS Refund Periods
- CalPERS Community Property Refund— A portion of your CalPERS funds were transferred due to a community property settlement agreement, and these funds have since been withdrawn by the nonmember.
- Local System Refund— You are a former member of a local retirement system who withdrew contributions prior to the effective date of that agency's contract with CalPERS.

Section 3

Member Certification

If you are currently a CalPERS member, sign the form, make a copy for your records, and mail the original to the address shown on the back of this form.

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 certified, when applicable, and 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.

Signature Date (mm/dd/yyyy)

If you are not currently a CalPERS member, forward this form to your current reciprocal retirement system for completion of Sections 4, 5, and 6 before returning to CalPERS.

Local System Redeposit: If you are requesting service with a public agency under a local retirement system, prior to the agency contracting with CalPERS, forward this form to the local retirement system for completion of Sections 5 and 6.

Your Name | Social Security Number or CalPERS ID

Section 4

Retirement System Certification (To be completed by member's current retirement system.)

This form is used to obtain the membership and employment information required to redeposit withdrawn CalPERS contributions.

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

Retirement System | Employer Worked for Under this System

Each time the member submits a request for Reciprocal Redeposit or Local System Redeposit, a new certification must be completed by the reciprocal system.

Section 5

Member Employment History

Information in this section is used to determine what service credit the member may be eligible to purchase in CalPERS.

Important: Per Government Code section 20894, a person cannot receive credit for the same service in two publicly funded retirement systems.

Is the employee currently a member of your retirement system? No Yes (If yes, complete below.)

Membership Date (mm/dd/yyyy) | Current Monthly Pay Rate (Reciprocal Redeposit Only)

Plan Type: Defined Benefit Defined Contribution

Date Range Member Contributed | Beginning Date (mm/dd/yyyy) | Ending Date (mm/dd/yyyy)

Did the member withdraw these funds? No Yes

Total Contributions | Total Service Credit

Is the member retired/retiring? No Yes Retirement Date (mm/dd/yyyy)

Has the member purchased any service credit in your retirement system?

No Yes (If yes, complete below.)

Table with 5 columns: Service Credit Type, Position Title, From (mm/dd/yyyy), To (mm/dd/yyyy), Amount of Service. Two rows for data entry.

The Total Contributions and Total Service Credit are required to process Local System Redeposit.

If you need more space to enter additional service credit purchases, please attach a separate sheet.

Section 6

Statement and Signature of Retirement System Representative

Please return this request form to the member.

I hereby certify that the above information is true and correct. I understand this form provides CalPERS with the information required to determine eligibility and calculate the applicable service credit cost(s). There is an employer liability associated with this service credit purchase.

Your Signature | Date (mm/dd/yyyy) | Printed Name | Daytime Phone | Title | Fax

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**).