



Request for Service Credit Cost Information — Alternate Retirement Program Service

888 CalPERS (or 888-225-7377) • TTY: For Speech & Hearing Impaired (916) 795-3240

Name of Member (Last Name, First Name, Middle Initial) _____
Social Security Number

Section 1

Please include your full first and last name, followed by your middle initial.

About You

Have you requested this cost information before? No Yes _____
Requested Date (mm/dd/yyyy)

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

Former Name (if applicable) _____
Current Employer

Mailing Address

City _____
State _____
ZIP Code _____
Daytime Phone

Section 2

Please include the month, day, and year for all dates as: mm/dd/yyyy. Do not abbreviate your employer's name.

Employment Information

List all periods of CalPERS-covered employment during your first two years of CalPERS membership.

Employer _____
From (mm/dd/yyyy) _____
To (mm/dd/yyyy)

Section 3

Complete Section 3 only if your Alternate Retirement Program funds were distributed following a community property settlement agreement.

Community Property Redeposit of Alternate Retirement Program Funds

If your Alternate Retirement Program funds were distributed to a former spouse or domestic partner following a community property settlement agreement while maintained by the Department of Personnel Administration, you may be eligible to redeposit these funds, plus interest, into your CalPERS account.

I am interested in redepositing the Alternate Retirement Program funds that were distributed to my former spouse or domestic partner.

Approximate date of distribution (mm/yyyy)

Section 4

Sign and date the form, make a copy for your records, and mail the original to the address shown below.

Certification

I hereby certify that the above information is true and correct to the best of my knowledge. By submitting this form, I am requesting a cost estimate and additional information about my options to purchase service credit. I understand that I am not purchasing service credit at this time. I also understand that this form does not execute the transfer of my Alternate Retirement Program funds to CalPERS during my three-month election period as defined in Sections 20908(a) and 20908(b) of the Government Code.

Signature _____
Date (mm/dd/yyyy)

Mail to: **CalPERS Member Services Division • P.O. Box 942717, Sacramento, California 94229-2717**