P.O. Box 4000 Sacramento, CA 95812-4000
888 CalPERS (or **888**-225-7377)
TTY: (877) 249-7442 | Fax: (916) 795-3389
www.calpers.ca.gov

Service Verification

TO:	**Requesting System's Contact Information** Retirement Analyst: _____ Phone Number: Fax Number:

REQUESTED EMPLOYMENT INFORMATION

(To be completed by the requesting retirement system)

Our member as of _____ has requested to purchase service credit for the following period(s) with our retirement system:
(Membership Date)

Member Name: _____ **SSN:** XXX-XX- _____ **CID:** _____ **DOB:** _____

Address: _____ **City:** _____ **State:** _____ **Zip Code:** _____

Employer	Position Title	Approximate Dates Requested			Status
			-		☐ Full Time ☐ Part-Time
			-		☐ Full Time ☐ Part-Time
			-		☐ Full Time ☐ Part-Time

PRIOR EMPLOYMENT INFORMATION

(To be completed by the certifying retirement system)

1. Current Status w/ your system: _____ As of: _____

2. **Employment History**

Employer	Position Title	Dates of Employment			Service	Refunded?	Safety?	PEPRA?
			-			☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
			-			☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
			-			☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No

3. Did this individual obtain membership in your retirement system? ☐ YES* ☐ NO ☐ N/A
   *PLAN TYPE: ☐ Defined Benefit ☐ Defined Contribution ☐ Other: _____
   *Membership Date: _____

4. Is this member eligible to redeposit this service credit with your system? ☐ YES* ☐ NO ☐ N/A
   *If Yes, will full reciprocal benefits apply? ☐ YES ☐ NO
   *If a redeposit is elected, will the member be eligible to receive a benefit? ☐ YES ☐ NO ☐ N/A

5. Has the member ever purchased/elected/pending purchasing service credit with your system? ☐ YES (Complete table) ☐ NO ☐ N/A

Type of Purchase	Employer	Position Title	Period Dates			Service
				-		
				-		

6. **REMARKS:**

7. **CERTIFIED BY:** _____ 8. **TITLE:** _____ 9. **PHONE:** _____
(Print Name)

10. **DATE:** _____ 11. **RETIREMENT SYSTEM:** _____

INSTRUCTIONS		
	TITLE	**DEFINITION**
1.	*Current Status w/ your system*	Indicate the member's current status and effective date of that status: • **Active**: Membership date • **Inactive:** Separation date • **Inactive deferred**: Separation date • **Refunded**: Refund date • **Retired:** Retirement date
2.	*Employment History*	Complete the table to document the member's employment history with your system. (if there is additional employment periods, attach another document.)
	Employer	Name of employer (Break out for different employers or for breaks in service with the same employer).
	Position Title	Member's position title for the employment periods. (if unavailable, indicate "unknown")
	Dates of Employment/ Membership	Dates of employment (from/to) with the employer
	Service	The years of service that were credited to the member as a result of employment and that could qualify them for vesting to retire.
	Refunded?	Yes/No: Did the member terminate this employment period and refund their contributions?
	Safety?	Yes/No: Was the employment period under a safety classification, i.e. law enforcement or active fire suppression or prevention?
	PEPRA?	Yes/No: Was the employment period under your system subject to the Public Employees' Pension Reform Act (PEPRA)?
3.	*Did this individual obtain membership in your retirement system?*	Yes/No: Was the individual a contributing member of your retirement system? If yes, indicate the type of plan, Defined Benefit, Defined Contribution, or other retirement plan. Also, indicate the membership date in that plan.
4.	*Is this member eligible to redeposit this service credit with your system?*	Yes/No: If "Yes", indicate if full reciprocal benefits will apply. Also indicate if a redeposit is elected, will the member be eligible to receive a benefit.
5.	*Has the member ever purchased/elected/pending purchasing service credit with your system?*	Yes/No: Did the member purchase additional service credit under your system? If yes, complete the table below. (if there are additional purchases/ elections, attach another document.)
	Type of Purchase	Name of service credit purchase (i.e. Military, any service prior to becoming a member)
	Employer	Name of employer associated the service credit purchase (if applicable)
	Position Title	Member's position title during the purchased service period (if applicable)
	Period Dates	Dates associated to the service credit purchase (i.e. military service dates, leave of absence dates)
	Service	Number of years of service purchased
6.	*Remarks*	May be used to elaborate on any information indicated above.
7.	*Certified By*	Name of authorized personnel from the retirement system
8.	*Title*	Authorized personnel's position title
9.	*Phone*	Authorized personnel's direct business phone number
10.	*Date*	Date certified by authorized personnel
11.	*Retirement System*	Name of retirement system