



# Request for Service Credit Cost Information — California National Guard Military

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.

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

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.

Member Mailing Address

City | State | ZIP Code

Daytime Phone | Email Address

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

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

### California National Guard Military Service Dates (attach certification)

List your California National Guard service dates (and type of discharge, if applicable).

Attach additional pages as needed.

From (mm/dd/yyyy) | To (mm/dd/yyyy) | Type of Discharge

From (mm/dd/yyyy) | To (mm/dd/yyyy) | Type of Discharge

From (mm/dd/yyyy) | To (mm/dd/yyyy) | Type of Discharge

## Section 3

### Member Certification

Sign and date the request form. Make a copy for your records.

Attach a copy of your military documents.

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 *What You Need to Know About Your CalPERS National Guard Benefits* (PUB 11) and I meet all the eligibility requirements outlined in the publication. I have already filed an **Election of Optional Membership—California National Guard Member** form and been approved for membership as a National Guard member. 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 the actuarial equivalent of the remaining balance.

Member Signature | Date (mm/dd/yyyy)

Put your name and Social Security number or CalPERS ID at the top of every page

_____ Your Name	_____ Social Security Number or CalPERS ID
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**Section 4**

**Title 10 and Title 32 Service**

To be completed by the Military Department for service while under Title 10 and/or Title 32.

_____ From (mm/dd/yyyy)	_____ To (mm/dd/yyyy)	_____ Type of Discharge
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_____ From (mm/dd/yyyy)	_____ To (mm/dd/yyyy)	_____ Type of Discharge
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Attach additional pages as needed.

_____ From (mm/dd/yyyy)	_____ To (mm/dd/yyyy)	_____ Type of Discharge
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**Section 5**

**Emergency State Active Duty Service**

To be completed by the Military Department for service while under Emergency State Active Duty (ESAD).

_____ From (mm/dd/yyyy)	_____ To (mm/dd/yyyy)	_____ Type of Discharge
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_____ From (mm/dd/yyyy)	_____ To (mm/dd/yyyy)	_____ Type of Discharge
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Attach additional pages as needed.

_____ From (mm/dd/yyyy)	_____ To (mm/dd/yyyy)	_____ Type of Discharge
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**Section 6**

**Statement and Signature of Certifying Officer**

To be completed by the Certifying Office with the Military Department.

I hereby certify that the above information is true and correct.

_____ Signature	_____ Title	_____ Date (mm/dd/yyyy)
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Return this request form and National Guard service documentation to the member. The member will submit the request to CalPERS.

_____ Printed Name	_____ Daytime Phone	_____ Fax
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**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**).