



# Request for Service Credit Cost Information— Service Prior to Membership

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

Your valid election to purchase service credit must be received by CalPERS at least one day prior to your retirement date.

### About You

Member Mailing Address

City State ZIP Code Daytime Phone

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

Are you a member of a reciprocal agency?  No  Yes

If yes, what agency?

## Section 2

List the name and address of the employer where the service was earned. If this was a certificated position, contact the State Teachers' Retirement System.

### Prior Employment Information

Employer

Address

City State ZIP Code

Were you compensated for this employment?  No  Yes

Was the service rendered as an independent contractor or paid through a third party or temporary employment agency?  No  Yes If yes, attach a copy of your independent contract with this form.

List the dates and employment location for which you are requesting credit.

Employment From (mm/dd/yyyy) To (mm/dd/yyyy) Location

Employment From (mm/dd/yyyy) To (mm/dd/yyyy) Location

Employment From (mm/dd/yyyy) To (mm/dd/yyyy) Location

Did you work for another CalPERS-covered employer during the same employment period(s) indicated above?  No  Yes If yes, submit an additional request form for each CalPERS-covered employer.

## Section 3

Obtain a cost estimate from our Service Credit Cost Estimator at [www.calpers.ca.gov/servicecreditestimator](http://www.calpers.ca.gov/servicecreditestimator).

### Member Certification

I hereby certify that the above information is true and correct. I understand it is my responsibility to ensure this form is employer certified, when applicable, and received by CalPERS.

Signature Date (mm/dd/yyyy)

- If the service was performed for the State of California or a California State University, sign this form and mail it to CalPERS, P.O. Box 4000, Sacramento, CA 95812-4000.
- If the service was performed for the University of California, a CalPERS-covered public agency, or a school, forward this form to the appropriate employer for completion of pages 2–4 before returning to CalPERS.

Member Name Social Security Number or CalPERS ID

Section 4

If the service was performed for the State of California or California State University, employer certification is not required.

Employer Certification

Reminder: If the employee has indicated a retirement date in Section 1, it is imperative that CalPERS receive this completed Employer Certification section and Pay Period Detail in Section 5 promptly. Delays in receiving this information from your agency could affect the employee's ability to make their election prior to retirement.

Did the employee contribute to a retirement plan, other than CalPERS, during the specified time period? No Yes

Plan Type: Defined Benefit Defined Contribution

If the employee contributed to a Defined Benefit (DB) plan, attach DB plan information to this form.

Plan Name:

Was the service rendered as an independent contractor or paid through a third party or temporary employment agency? No Yes

For teachers' assistants in a credential program only: Did the employee require a temporary certificate from a California teacher training institution to serve as a teacher assistant during their SPM employment period? No Yes

If yes, attach a copy of the duty description/statement for the teacher assistant position, personnel forms, or any records that support this employment.

Section 5

Complete the required Pay Period Detail for the requested time period. After completing Sections 4-5 and before submitting these forms to CalPERS, provide copies of this form to: your payroll/fiscal department, the employee, and your own agency's records.

Pay Period Detail

Employer Name

Please complete all areas for the period this person was employed by your agency. You must provide service period dates, position titles, pay rates, hours worked, and earnings for each pay period. Please indicate any overtime, special compensation, and holiday pay in a separate row. Also, indicate if the employee was subject to mandatory furloughs by pay period, or the frequency.

Government Code section 20221 specifies employers are required to furnish CalPERS with information requested.

For help completing this form, visit www.calpers.ca.gov and to view the Circular Letters concerning employer certification guidelines.

Appointment Tenure

Permanent Indeterminate Seasonal Term End Date (mm/dd/yyyy)

Temporary Term End Date (mm/dd/yyyy) Other (Explain):



