



Request for Cost of Purchasing Prior Public Agency Service Credit

Submit this form to request the cost of purchasing service credit for your work at a prior public agency (PPA). Purchase of PPA service may include paid public service at any of the following:

- Federal government (e.g. United States Postal Service, Peace Corps, AmeriCorps). Prior military service and volunteer or other non-employment status time are ineligible for purchase.
- State of California.
- Any city located in the County of San Diego.
- Any public district located in the County of San Diego.

PPA service credit can be purchased through SDCERA **only if you will not** receive a retirement benefit from the prior agency for the time period you request to purchase.

INSTRUCTIONS

1. Complete Section 1: Member Information.
2. Mail the original form to SDCERA.
3. Mail one copy to the agency where you were formerly employed.
4. Mail one copy to the retirement system of which you were formerly a member.
5. It is your responsibility to ensure SDCERA receives proper verification from your prior employer and retirement system.



Request for Cost of Purchasing Prior Public Agency Service Credit

Submit this form to request the cost of purchasing prior public agency service credit. Mail the form to SDCERA at the address below and to your prior public agency and prior retirement system for verification of employment. SDCERA will process your request when verification of service is received. Allow six to eight weeks to receive a response from SDCERA.

SECTION 1: MEMBER INFORMATION			
Full Name			Employee ID
Mailing Address			Birthdate
City	State	Zip	Estimated Retirement Date
Street Address (if different)			Daytime Telephone Number ()
Name of Previous Employer			
Title of Previous Position Held		Dates Worked _____ to _____	
I request to purchase the above prior public agency service through SDCERA (my present retirement system) and authorize the addressee to release to SDCERA any information relating to my employment listed above.			
Member Signature _____ Date _____			

SECTION 2: EMPLOYMENT VERIFICATION		
This section must be <u>completed by an official of the public agency named above and returned to SDCERA.</u> This Member was employed as follows:		
Name of Agency	Title of Previous Position Held	Dates Worked _____ to _____
Was the employment full time? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Was this position paid or unpaid? <input type="checkbox"/> Paid <input type="checkbox"/> Unpaid		
If not full time, indicate the total number of hours worked during employment _____		
Can this former employee purchase this service through your retirement system? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Is the former employee entitled to receive a retirement benefit for this service now or in the future? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Certifying Official's Name and Title		Agency Mailing Address
Agency	Telephone Number ()	
Official's Signature _____ Date _____		