

# Request for Service Credit Cost Information

## Service Prior to Membership, CETA, Fellowship, Layoff, Prior Service, and Optional Member Service

Participant Name

CalPERS ID or Social Security Number (SSN)

### Section 1: About You

#### Member Mailing Address

City

State

Zip Code

Phone

Email Address

Have you submitted a retirement application?       Yes       No

#### Retirement Date (mm/dd/yyyy)

Have you 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: Employment Information

List information about the employer you worked for at the time of your service.

Employment From (mm/dd/yyyy)

Employment To (mm/dd/yyyy)

Employer

**Type of Credit**       Service Prior to Membership       CETA       Fellowship  
 Layoff       Prior Service       Optional Member Service

Employment From (mm/dd/yyyy)

Employment To (mm/dd/yyyy)

Employer

**Type of Credit**       Service Prior to Membership       CETA       Fellowship  
 Layoff       Prior Service       Optional Member Service

### Section 3: Member Certification

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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 **A Guide to Your CalPERS Service Credit Purchase Options** (PUB 12) and I meet all the requirements outlined in the publication. 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.

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**Member Signature**

**Date (mm/dd/yyyy)**

### Section 4: Employer Certification

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For Service Prior to Membership, Comprehensive Employment & Training Act (CETA), Fellowship, Prior Service, or Optional Member Service, upload and complete the Employment Certification electronically.

For Layoff only, List the dates the member was laid off work, complete Sections 4 and 5 and return to the member.

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

**Member Layoff History (To be completed by the employer at the time of the member's layoff.)**

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**Date From (mm/dd/yyyy)**

**Date To (mm/dd/yyyy)**

### Section 5: Statement and Signature of Personnel or Payroll Officer

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**Required:** By signing, I certify the following:

1. The information provided in Section 4 is true, complete, and correct to the best of my knowledge and belief.
2. I am an authorized representative of the agency named in Section 2 and am qualified to certify this form.
3. I understand this form provides CalPERS with the information required to assess eligibility, calculate the cost, and determine the amount of purchasable service credit that, if elected, will be included in the member's retirement calculation.
4. I understand the agency named in Section 2 is accepting any employer liability associated with this service credit purchase.

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**Signature**

**Title**

**Date (mm/dd/yyyy)**

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**Printed Name**

**Business Phone**

**Fax**

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**Email**

# CalPERS Privacy Notice

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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 to conduct CalPERS Board of Administration duties under the Public Employees' Retirement Law, the Social Security Act, and/or the Public Employees' Medical and Hospital Care Act, as the case may be. Submission of the requested information is mandatory. Failure to submit the required information 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 either on a mandatory or 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 CalPERS. For questions about this notice, our [Privacy Policy](#), or your rights, write to:

## CalPERS

CalPERS Privacy Officer  
400 Q Street  
Sacramento, CA 95811

You may also call us at **888 CalPERS** (or **888-225-7377**).