# San Joaquin County Employees' Retirement Association

6 S. El Dorado Street, Suite 400 Stockton, CA 95202 • (209) 468-2163 • ContactUs@sjcera.org


## SERVICE CREDIT PURCHASE REQUEST

For more information, refer to the Service Credit Purchase Fact Sheet at www.sjcera.org. Please allow 4 to 6 weeks for calculations.

### SECTION 1: MEMBER INFORMATION

| First Name | MI | Last Name | Daytime Phone |
|---|---|---|---|
| Address | | | Cell Phone |
| City | State | ZIP | SSN (Last 4 Digits) or Employee ID Number |
| Other Names Used: | | | Email |

### SECTION 2: SERVICE CREDIT PURCHASE TYPE

**2A**

☐ **Medical Leave of Absence while a Member of SJCERA**

*(Proof of Medical LOA for yourself must be submitted with this form)*

Period of Time on Leave: From _____ To _____

**2B**

☐ **Previous County Service** (Temporary, Part-Time, Seasonal, Contract Time)

Period of Time(s) Served: From _____ To _____

From _____ To _____

**2C**

☐ **Redeposit of Withdrawn SJCERA Contributions**

Period of Time Worked: From _____ To _____

**2D**

☐ **Military / Merchant Marine Service that Interrupted SJCERA Membership**

Period of Time Served: From _____ To _____

Period of Time on Leave: From _____ To _____

*(Proof of leave of absence, or Form DD214 or its equivalent must be submitted with this form)*

**2E**

☐ **Prior Public Agency Service (PPAS)**

Period of Time Worked: From _____ To _____

PPAS time does not count toward meeting the minimum service credit requirement for retirement or death benefits. A letter from the former agency stating the dates and hours worked and that contributions were refunded to yourself must be submitted with this form. Requests to purchase prior military service please attach Form DD214 or its equivalent.

### SECTION 3: ACKNOWLEDGEMENT

I hereby certify to the best of my knowledge and belief, that I am not entitled to receive credit in any other public retirement system for the service credit purchase above.

| SIGNATURE | DATE |
|---|---|
| | |