



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

If we have provided cost information to you in the past for this service credit, check the **Yes** box and indicate the date you submitted your request. If you have submitted a retirement application, check the **Yes** box and indicate your planned retirement date.

About You

Member Mailing Address

City

State

ZIP Code

Daytime Phone

Have you requested this cost information before? ☐ No ☐ Yes

Requested Date (mm/dd/yyyy)

Have you submitted a retirement application? ☐ No ☐ Yes

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

List the dates and hours of employment for which you are requesting credit. List each position separately and indicate if service was full time or part time. If the service was part time, show service as a fraction or list the hours (e.g., 20 hours per month or half time).

Employment From (mm/dd/yyyy)

To (mm/dd/yyyy)

Location

Position Title

Hours Worked Per Month OR Time Base/Fraction of Full Time

Employment From (mm/dd/yyyy)

To (mm/dd/yyyy)

Location

Position Title

Hours Worked Per Month OR Time Base/Fraction of Full Time

Employment From (mm/dd/yyyy)

To (mm/dd/yyyy)

Location

Position Title

Hours Worked Per Month OR Time Base/Fraction of Full Time

Section 3

Attach a copy of your cost estimate from the Service Credit Cost Estimator at www.calpers.ca.gov/servicerecritestimator.

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 prior to my retirement date.

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.

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

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, CalPERS must receive this completed Employer Certification section and Pay Period Detail in Section 5 prior to the employee's retirement date or the employee's eligibility may be impacted.

Did the employee contribute to a retirement plan, other than CalPERS, during the specified time period?

☐ No ☐ Yes

Plan Type: ☐ Defined Benefit ☐ Defined Contribution

Did the employee withdraw these funds? ☐ No ☐ Yes

Service Time

Amount Withdrawn

Date (mm/dd/yyyy)

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:

Was this person employed pursuant to section 44926 of the Education Code? ☐ No ☐ Yes

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

Date of Hire (mm/dd/yyyy)

To (mm/dd/yyyy)

Position Title (at date of hire)

Separation Date (if applicable) (mm/dd/yyyy)

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**. Do not lump periods together. Also, please 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.

Time Base

☐ Full Time ☐ Part Time ☐ Intermittent ☐ Indeterminate ☐ On Call ☐ Worked as Needed

☐ Other (Explain):

Appointment Tenure

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

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

Months per Year

☐ 10 months ☐ 11 months ☐ 12 months

Attach any supporting personnel and/or payroll documents.

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

Member Name

Social Security Number or CalPERS ID

Section 5, continued

Pay Period Detail

Please keep this information attached to the Request for Service Credit Cost Information.

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Continue on back if necessary.

Required: I hereby certify that the above information is true and correct. I understand this form provides CalPERS with the information required to determine eligibility and calculate the applicable service credit cost(s). There is an employer liability associated with this service credit purchase.

Signature _____

Title

Date (mm/dd/yyyy)

Printed Name _____

Daytime Phone

Fax

Email

Mail to:

CalPERS Member Account Management Division • P.O. Box 4000, Sacramento, California 95812-4000

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

Member Name

Social Security Number or CalPERS ID

Section 5, continued

Pay Period Detail

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Mail to:

CalPERS Member Account Management Division • P.O. Box 4000, Sacramento, California 95812-4000