

EXTRA HELP HOURS PURCHASE FORM

SamCERA



San Mateo County Employees' Retirement Association
100 Marine Pkwy, Suite 125, Redwood Shores, CA 94065
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Phone:(650) 599-1234 Toll-Free:(800) 339-0761 **PONY: RET 141**

TO: SamCERA (San Mateo County Employees' Retirement Association)

SUBJECT: PURCHASE OF SamCERA SERVICE CREDIT FOR EXTRA HELP HOURS WORKED PRIOR TO BECOMING A MEMBER OF SAMCERA

I understand that I may be eligible to purchase *SamCERA* service credit equal to the total number of Extra Help hours that I worked **IF I meet the following two conditions:**

- (1) I worked in an Extra Help position with San Mateo County while I was not a member of *SamCERA* **AND....**
- (2) I am currently a member of *SamCERA*. (Exception: Plan 3 not eligible.)

Please verify the Extra Help hours I worked and the gross earnings for those hours.

I understand I may either pay in a lump sum or set up a payment plan. Interest is charged on the outstanding balance at the actuarial rate per year.

EXTRA HELP EMPLOYMENT VERIFICATION REQUEST

I hereby request (1) verification of my hours of Extra Help employment with the County of San Mateo and (2) a calculation of the cost of purchasing *SamCERA* Service Credit for those hours.

I understand that Extra Help Hours are not counted towards my retirement and that I may purchase retirement service credit equivalent to my total Extra-Help Hours worked. *SamCERA* will calculate the cost based on my gross earnings for the Extra Help hours worked and will include interest owed through the current period.

I also understand that in order to have *SamCERA* research my Extra Help Hours and calculate the cost, **I am responsible for supplying SamCERA with the dates during which the Extra Help Hours were worked. Depending on when the Extra Help hours were worked, it may take up to three months to verify the hours and calculate the cost of purchase. We appreciate your patience.**

DEPARTMENT	FROM	TO	POSITION	NAME USED IF DIFFERENT

Print Name: _____

Social Security #: _____

Work Telephone: _____

Pony Address: _____

Signature: _____ **Date:** _____

*****Please keep a copy of this form for your records and return the original to SamCERA via PONY at RET 141.**