

SERVICE PURCHASE REQUEST



Address: 100 Marine Parkway | Suite 125
Redwood City, CA 94065
Phone: (650) 599-1234
Toll-Free: (800) 339-0761
Fax: (650) 591-1488
PONY: RET 141
Web: www.samcera.org
Email: samcera@samcera.org

Member Information

Last Name		First Name		Middle Initial	
Last 4 Digits of SSN	Phone	<input type="checkbox"/> Home	<input type="checkbox"/> Cell	<input type="checkbox"/> Other	Email Address
Address			City	State	Zip

IMPORTANT: Please note that Purchase Request forms will not be processed in the months of June or December. Purchase Request forms submitted in June or December will be processed the following month. Important dates and deadlines for each processing period will be announced on the SamCERA website.

Authorization for Request

I am a current active member of SamCERA. I am requesting a cost estimate to purchase service credit. If I do decide to buy the service credit, I will complete SamCERA's purchase agreement. I understand that establishing reciprocity may change the amount I have to pay to purchase service credit, and I will let SamCERA know if I intend to establish reciprocity with a previous employer. **Check all the applicable boxes below to indicate the type(s) of service credit that you are interested in purchasing.**

- Extra Help/Limited Term:** I worked an Extra Help or Limited Term position for a SamCERA-covered employer prior to my membership. *Please provide the dates:*

From (date) To (date)

- Redeposit:** I had prior employment with a SamCERA-covered employer and withdrew my SamCERA contributions plus interest before my return. *Please provide the dates of prior employment:*

From (date) To (date)

- Plan 3 Service Upgrade:** I am currently in contributory Plan 2 or Plan 4. I am interested in upgrading my prior non-contributory Plan 3 service credit.

- Medical Leave:** I have returned to active employment after an approved unpaid leave of absence because of my illness or illness of an immediate family member. I am interested in purchasing this time. *(Please attach a note from the doctor reflecting the dates of your medical leave.)*

- Military Leave:** I have returned to active employment after a leave of absence on account of military service. I am interested in purchasing this time. *(Please attach a copy of your DD214 reflecting the dates of your military service.)*

Signature <i>(print this form and sign)</i>	Date
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All purchase request cost estimates will be mailed to the address you list above.