

Request for Repayment of Refunded Service

MEMBER INFORMATION	
Member:	Date of Request:
Social Security No. :	Date of Birth:
Address:	City/State/Zip:
Email Address:	Telephone:

REFUNDED SERVICE INFORMATION		
<i>Please list the Dates of Refunded Service below</i>		
From (MM/DD/YYYY)	To (MM/DD/YYYY)	Name of Employer

Are you actively contributing to PERS?	YES	NO
<p>If no, please check here if this calculation request is for an actuarial transfer to another LA public retirement system or to enter into a reciprocal agreement and indicate to which retirement system you currently contribute to:</p>		

Note: You must be an active member of PERS or another system for at least six months before a repayment of refund cost calculation can be completed. Please allow up to 6 weeks for an invoice to be sent to your mailing address listed above.

I have read and understand this application to repay refunded service credit and certify, to the best of my knowledge, all information provided is true and correct. I understand that an incomplete request will be returned and it will delay the process.

Member Signature

Date