



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/servicecreditestimator.

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.

Member Name Social Security Number or CalPERS ID

Section 4

Employer Certification

If the service was performed for the State of California or California State University, employer certification is not required.

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

Pay Period Detail

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.

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.

Privacy Notice

The privacy of personal information is of the utmost importance to CalPERS. The following information is provided to you in compliance with the Information Practices Act of 1977 and the Federal Privacy Act of 1974.

Information Purpose

The information requested is collected pursuant to the Government Code (sections 20000 et seq.) and will be used for administration of Board duties under the Retirement Law, the Social Security Act, and the Public Employees' Medical and Hospital Care Act, as the case may be. Submission of the requested information is mandatory. Failure to comply may result in CalPERS being unable to perform its functions regarding your status.

Please do not include information that is not requested.

Social Security Numbers

Social Security numbers are collected on a mandatory and voluntary basis. If this is CalPERS' first request for disclosure of your Social Security number, then disclosure is mandatory. If your Social Security number has already been provided, disclosure is voluntary. Due to the use of Social Security numbers by other agencies for identification purposes, we may be unable to verify eligibility for benefits without the number.

Social Security numbers are used for the following purposes:

1. Enrollee identification
2. Payroll deduction/state contributions
3. Billing of contracting agencies for employee/ employer contributions
4. Reports to CalPERS and other state agencies
5. Coordination of benefits among carriers
6. Resolving member appeals, complaints, or grievances with health plan carriers

Information Disclosure

Portions of this information may be transferred to other state agencies (such as your employer), physicians, and insurance carriers, but only in strict accordance with current statutes regarding confidentiality.

Your Rights

You have the right to review your membership files maintained by the System. For questions about this notice, our Privacy Policy, or your rights, please write to the CalPERS Privacy Officer at 400 Q Street, Sacramento, CA 95811 or call us at **888 CalPERS** (or **888-225-7377**).