

# Redeposit or Purchase of Permissive Service Credit

MS 0287 (rev. 10/11)

# CALSTRS

California State Teachers' Retirement System  
P.O. Box 15275, MS 88  
Sacramento, CA 95851-0275  
800-228-5453  
CalSTRS.com

**Read these instructions before completing this form. Type or print clearly in black ink.**

Use this form if you are a CalSTRS member and wish to redeposit an earlier refund, or if you would like to purchase service credit for service performed but not credited.

Mail this completed form and any required documentation to the address above to start the process of determining the cost to purchase service credit. Your request will be verified and you will be billed if you are eligible. You will have 35 days from the billing statement date to accept the costs and make your first payment.

If you currently are not making contributions to CalSTRS (no earnings have been reported to CalSTRS by an employer for the current school year), interest will be added to the cost of each permissive service credit bill.

By signing this form, you are under no obligation to purchase service credit.

To purchase other types of service credit, you will need to submit additional forms found at CalSTRS.com.

- To purchase service credit earned in another state, use the *Out-of-State or Foreign School Service Credit Certification* form.
- To purchase University of California or California State University service credit, use the *Verification for California Public University Service Credit* form.
- To purchase nonqualified service credit, use the *Purchase of Nonqualified Service Credit* form.
- To consolidate your Cash Balance Benefit Program service to purchase Defined Benefit Program service credit, use the *Request To Consolidate Benefits* form.

For more information, go to CalSTRS.com and select *FAQ* at the bottom of the page.

## Section 1: Member Information

NAME (LAST, FIRST, INITIAL) (INCLUDING ANY PREVIOUS NAMES USED)		CLIENT ID OR SOCIAL SECURITY NUMBER
ADDRESS (STREET)		DATE OF BIRTH (MM/DD/YYYY)
CITY	STATE	ZIP CODE
( )	( )	
WORK TELEPHONE	ALTERNATE TELEPHONE NUMBER	E-MAIL ADDRESS
CURRENT EMPLOYER (COUNTY AND SCHOOL DISTRICT)		
<input type="checkbox"/> I plan to retire within the next 12 months _____ (date, if known)		

## Section 2: Redeposits

Are you a member of another California public retirement system?

No  Yes If yes, name of system \_\_\_\_\_

### Redeposit

I request a billing statement for the cost to redeposit my previously refunded contributions and interest.  
I would like to purchase \_\_\_\_\_ years of service credit. (If you do not specify the number of years, CalSTRS will process the request for all available years of service.)

### Nonmember Spouse/Court-Ordered Split

I request a billing statement for the cost to redeposit service credit that was awarded to my former spouse or registered Odomesic partner as community property. It is my understanding those funds have been refunded to that person.

### Local Service

I request to purchase my local service credit for service performed prior to 1972 in the Los Angeles Unified School District.

*CalSTRS may require additional eligibility information.*



MS0287

tear off here

MEMBER'S NAME (LAST, FIRST, INITIAL)

CLIENT ID OR SOCIAL SECURITY NUMBER

**Section 3: Permissive Service Credit**

Type	Time Frame From – To mm/dd/yy – mm/dd/yy	Amount of Service Credit	Comments
<input type="checkbox"/> Nonmember service	—		For example, substitute or part-time service in a California public school system prior to becoming a CalSTRS member.
<input type="checkbox"/> Cash Balance nonmember (previous CB participants only)	—		If you previously worked under the Cash Balance Benefit Program and are now a Defined Benefit member, you can use your Cash Balance funds to purchase Defined Benefit service credit.
<input type="checkbox"/> Maternity or paternity leave	—		Employer verification is required with this request. Verification must be on: <ul style="list-style-type: none"> <li>• CalSTRS <i>Verification of Employer-Approved Leaves</i> form, or</li> <li>• Employer letterhead with approved leave or absence beginning and ending dates, a description of the approved leave or absence, and the signature of an authorized employer official.</li> </ul> Only for leaves approved by an employer in California.
<input type="checkbox"/> FMLA- or CFRA-approved leave	—		
<input type="checkbox"/> Sabbatical leave	—		
<input type="checkbox"/> Fulbright leave	—		
<input type="checkbox"/> California child care center	—		Employer verification of this service is required. You must have been in a certificated teaching position in a child care center operated by a county superintendent of schools or a school district in California.
<input type="checkbox"/> California Native American school	—		Employer verification of this service is required. You must have been in a certificated teaching position in a federally supported and administered Native American school in California.
<input type="checkbox"/> California school for the deaf or blind	—		Employer verification of this service is required. You must have been in a teaching position with the California School for the Deaf or the California School for the Blind.
<input type="checkbox"/> Certain active U.S. military service (must have membership in CalSTRS prior to joining)	—		If prior to 1994, military order required (DD214). If after 1994, see your employer.
<input type="checkbox"/> Job Corps (must have membership in CalSTRS prior to joining and service must have been in a teaching position in California)	—		You must provide Job Corps certification letter. Write to: U.S. Department of Labor Office of Job Corps 90 7th Street, Suite 12-100 San Francisco, California 94103
<input type="checkbox"/> Peace Corps (must have membership in CalSTRS prior to joining and service must have been in a teaching position)	—		You must provide Peace Corps certification letter. Write to: Peace Corps Attn: Certifying Officer Volunteer & Staff Payroll Services Division 1111 20th St. NW Washington, DC 20526

**Section 4: Signature**

**I understand that my signature does not create any obligation on my part to purchase this service credit.**



MEMBER'S SIGNATURE \_\_\_\_\_

SIGNATURE DATE (MM/DD/YYYY) \_\_\_\_\_