

FOR OFFICIAL USE ONLY:
(To be completed by the former employer/retirement system)

Please list all uncompensated leaves of absence and/or period(s) of uncompensated time:

From _____ To _____ Type/Description _____
 From _____ To _____ Type/Description _____
 From _____ To _____ Type/Description _____

1. Was this individual ever a member of your retirement system? Yes ___ No ___

Please indicate: Contributory Plan ___ **Non-Contributory Plan** ___ **Social Security** ___ **Other** ___

2. Is this individual eligible to receive retirement or disability benefits from your system either now or in the future? Yes ___ No ___ If yes, please explain in the following space provided. We require this information because our System does not allow a Member to purchase service time when that Member is entitled to retirement benefits from another retirement system.

3. Does your pension system have a reciprocity agreement with California Public Employees' Retirement System (CalPERS)? Yes ___ No ___

4. This individual was hired by the City of Los Angeles on ____/____/____. If your retirement system has reciprocity with CalPERS, will this Member be entitled to reciprocity between your system and our system? Yes ___ No ___

5. Has this individual received a refund of his/her contributions and interest? Yes ___ No ___

- If yes, please indicate the date when the refund occurred. **Refund Date:** ____/____/____
- If yes, is this individual still eligible to receive a benefit because of remaining employer contributions or non-contributory funds? Yes ___ No ___

6. Did member purchase any "Air Time" from your system? Yes ___ No ___ If, yes, please describe details _____

CERTIFICATION BY EMPLOYING AGENCY OR RETIREMENT SYSTEM

I hereby certify that the above information is accurate.

Signature

Title

Please print your name

Date

Agency you represent

Address

City, State, Zip Code

Telephone Number ()

Fax Number ()