Revised: December 2020

Mailing Address: PO Box 512218, Los Angeles, CA 90051-0218 Visit LACERS at 977 N Broadway, Los Angeles, CA 90012 www.lacers.org | lacers.services@lacers.org | Mail Stop 175 (800) 779-8328 | Fax (213) 473-7297 | RTT (888) 349-3996

APPLICATION TO PURCHASE

PREVIOUS CITY SERVICE - ALL MEMBERS

Re-deposits and Back Contributions

(Print) Last Name*		First Name*		Middle Name	
Street Address	City		State	Zip Code	
Last four digits of Em Social Security Number	ail	Date of Birth	/ Daytir	me Phone Number	
Please complete the applica	ble items listed below	v for which you	are requesting pur	chase information:	
A. If you were previousl and withdrew your concepts:				ement System (LACERS) owing to apply for a	
<u>Da</u>	ates of Service		<u>Depar</u>	rtment	
From// Month Day `	to/ Year Month Day	/ Year			
From// Month Day `	to/ Year Month Day	/ Year			
	ERS and were <u>not</u> a l			ne basis, but made no te the following to apply for	
<u>Da</u>	ates of Service	<u>ce</u>		Department	
From// Month Day `	Year to/ Month Day	/ Year			
From// Month Day	Year to / Month Day	/ Year			
*I have also used the followi	ng name(s) in the pas	st (if applicable):		
NOTE: Only active City of L Service Credit. Tier 3 Membran earlier membership date I hereby authorize LACERS City Service that may be req	pers, making a re-dep for purposes of exclu to obtain City employ	osit or back co ding him or her ment/payroll/p	ntribution shall not membership in Tidension information	allow a Member to establish er 3. concerning my previous	
Signature			ate		

ADA NOTICE

As a covered entity under Title II of the Americans with Disabilities Act, the City of Los Angeles does not discriminate on the basis of disability and, upon request, will provide reasonable accommodations to ensure equal access to its programs, services, and activities.