

## CERTIFICATION FOR HIRING HALL SERVICE PURCHASE - ALL MEMBERS

MEMBER NAME: \_\_\_\_\_ LAST 4 DIGITS OF SSN: \_\_\_\_\_

HIRING HALL UNION PLAN: \_\_\_\_\_ PERIODS OF SERVICE: \_\_\_\_\_

Above Member is applying for a service purchase with the Los Angeles City Employees' Retirement System (LACERS) for prior Hiring Hall employment during which time he/she was in a Hiring Hall Union Retirement Plan. The following information is necessary to determine Member's eligibility for a service purchase. This certification must be completed and signed by both the Member and an authorized representative of the Hiring Hall Union Plan. **Both signatures must be notarized.**

**MEMBER CERTIFICATION** Please complete by lining out either (am) or (am not) in each statement below.

1. I (am)/(am not) currently receiving a retirement benefit from the Hiring Hall Union Plan for the above periods of service.
2. I (am)/(am not) entitled to receive a retirement benefit in the future from the Hiring Hall Union Plan for the above periods of service.

### **CERTIFICATION BY MEMBER**

I hereby certify under penalty of perjury that the above information I have provided is accurate. I authorize the Union Plan to notify LACERS in the event that I ever receive benefits from this plan, including but not limited to, a retirement allowance, retiree health benefit, and/or disability benefits. I further authorize LACERS to provide a copy of this certification to the Union Plan. I understand that if I ever receive a benefit for the above periods of service, that I am required to reimburse LACERS for the amount that I was overpaid in all benefits, based upon my purchase of Service Credit, together with interest payable based on the published assumed rate of return for LACERS' investments from the date of each such overpayment, and to forfeit any further payment of benefits from LACERS based upon this service purchase. I further grant LACERS the right to recoup any such overpayment, including interest, from any benefits subsequently due to me from LACERS.

Member's Signature \_\_\_\_\_ Date \_\_\_\_\_ Comments: \_\_\_\_\_

Print Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

**CERTIFICATE OF ACKNOWLEDGEMENT OF NOTARY PUBLIC (MEMBER)** \_\_\_\_\_

STATE OF \_\_\_\_\_

COUNTY OF \_\_\_\_\_

On \_\_\_\_\_, 20\_\_\_\_, before me, Notary Public, personally appeared

(Name of Signer) \_\_\_\_\_ personally known to me (or proved to me on the basis of satisfactory evidence) to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which person(s) acted, executed the instrument.

WITNESS my hand and official seal

\_\_\_\_\_  
(SIGNATURE OF NOTARY)

(Seal)

**HIRING HALL UNION PLAN CERTIFICATION** Please complete by lining out either (is) or (is not) in each statement below.

1. Above named Member (is)/(is not) currently receiving a retirement benefit from the Hiring Hall Union Plan for the above periods of service.
2. Above named Member (is)/(is not) entitled to receive a retirement benefit in the future from the Hiring Hall Union Plan for the above periods of service.
3. Please explain what would be required for the Member to become eligible for benefits from the Union Plan in the future, if that is possible: \_\_\_\_\_

**CERTIFICATION BY HIRING HALL UNION PLAN**

I hereby certify under penalty of perjury that the above information I have provided is accurate. In addition, this plan agrees to notify LACERS in the event that Member ever receives benefits from this plan, including but not limited to, a retirement allowance, retiree health benefit, and/or disability benefits.

Authorized Rep. Signature \_\_\_\_\_ Title: \_\_\_\_\_ Date \_\_\_\_\_

Print Name \_\_\_\_\_ Phone \_\_\_\_\_ Comments: \_\_\_\_\_

Agency Name \_\_\_\_\_

Address \_\_\_\_\_

**CERTIFICATE OF ACKNOWLEDGEMENT OF NOTARY PUBLIC (HIRING HALL UNION PLAN)**

STATE OF \_\_\_\_\_

COUNTY OF \_\_\_\_\_

On \_\_\_\_\_, 20\_\_\_\_, before me, Notary Public, personally appeared

(Name of Signer) \_\_\_\_\_ personally known to me (or proved to me on the basis of satisfactory evidence) to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity (ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which person(s) acted, executed the instrument.

WITNESS my hand and official seal

\_\_\_\_\_  
(SIGNATURE OF NOTARY)

(Seal)

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.