



Securing Your Tomorrow

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CERTIFICATION OF SERVICE - ALL MEMBERS

Government Service Buyback or Establishment of Reciprocity*

Print Last Name (including any previous names)	First Name	Middle Name
Street Address	City	State Zip Code
Last four digits of Social Security Number	Email	Date of Birth / /
Daytime Phone Number		

I am claiming service for the following employment period: Submit separate form for each employment period.

9a d`cn]b[` ; cj Yfba YbhU`5 [YbWn fAi ghdfcj]XY`Vta d`Yh`bUa Y`UbX UXXfYgg`cZdf]cf`Ya d`cmYfL	CWW dU]cb	7 cbHUWh 9a d`cmYf3	9a d`cma Ybh8 UHYg : fca Hc	9a d`cma Ybh GHU g
		Yes No		Full-Time or Part-Time

Did you have any uncompensated leaves of absence and/or any uncompensated time (break in service, summer breaks) ? If yes, enter all periods below:	Yes No
8 UHYg`cZ`YUj Y`cf`i bVta dYbgUH`X`hja Y	HndY#8 YgW]dh]cb
: fca Hc	

I was a member of the following retirement system during my employment:

F Y]fYa YbhGmghYa # D`Ub`fAi ghdfcj]XY` Vta d`Yh`bUa Y`UbX` UXXfYggL	A Ya VYfg\]d`8 UHYg : fca Hc	F YW]j]b[` ` cf`Ybh]h`YX`hc fY]fYa Ybh VYbYZ]rg3	HndY`cZF Y]fYa Ybh D`Ub	7 cbhf]Vi h]cbg`F`YZ`bXYX Z`ca `Df]cf`D`Ub3
.....		Yes No	Contributory Non-Contributory 401(k) IRA or 457 Employer Matching Social Security Other _____	Yes Refund Date _____ Refund Amount \$ _____ No

NOTE: MUST PROVIDE ALL REQUIRED INFORMATION; INCOMPLETE APPLICATIONS WILL BE RETURNED.

I hereby authorize the Los Angeles City Employees' Retirement System to obtain any information concerning my employment and membership in the retirement plan, which may be required in connection with my application to establish reciprocity or purchase prior service credit.

Member's Signature _____ Date _____

*Division 4, Chapter 10 of the Los Angeles Administrative Code states that Members are not allowed to purchase service credit under the Government Service Buyback (GSB) program if they qualify for reciprocity (please see the Reciprocity Information Sheet). If you qualify for reciprocity, LACERS will process this application as a reciprocity request rather than a GSB request.

Member's Last Name

First Name

Last four digits of Social Security Number

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

Table with 5 columns: 9a d`cm]b[`5 [YbWn, ; cj Yfba YbHJ 5 [YbWt8, 7 cbfUWh 9a d`cmY3, 9a d`cna Ybh8 UYg : fca, Hc, 9a d`cna Ybh GHU g. Rows include Yes/No options for Full-Time and Part-Time.

Was this individual ever on an uncompensated leave of absence and/or had any uncompensated time (break in service, summer breaks)? If yes, enter all periods below: Yes No. Table with columns for Dates of leaves or uncompensated times (From, To) and Type/Description.

Was this individual ever a member of your retirement system? Yes No. Table with columns for F YHfYa YbhGmghYa # A Ya VYfg\ jd`8 UYg D`Ub, HndY`cZF YHfYa Ybh D`Ub, and < Ug`h]g`a Ya VYf`fYWW] YX`UfYZ bX`cZ \]g# Yf`Vt`bf]Vi h]cbg`UbX`]bhYfYghZca nci f`d`Ub3. Includes refund information and service credit details.

Has member purchased any service credit, including "Air Time" in your system? Yes No. Purchased credit () Yrs. () Mo.

Does your retirement system have a reciprocal agreement with the California Public Employees' Retirement System (CalPERS)? Yes No. If yes, will this member be entitled to reciprocity between our two systems? (Member was hired by the City of Los Angeles on ___/___/___.) Yes No N/A

CERTIFICATION OF EMPLOYING AGENCY OR RETIREMENT SYSTEM

Table for certification with fields: Signature, Date, Print Your Name, Title, Agency You Represent, Address, City, State, Zip Code, Phone Number, Fax Number.

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.