

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.

Employing Governmental Agency (Must provide complete name and address of prior employer)	Occupation	Contact Employer?	Employment Dates		Employment Status
			From	To	
		<input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/> Full-Time or <input type="checkbox"/> 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:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Dates of leave or uncompensated time	
From	To
Type/Description	

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

Retirement System/ Plan (Must provide complete name and address)	Membership Dates		Receiving or entitled to retirement benefits?	Type of Retirement Plan	Contributions Refunded from Prior Plan?
	From	To			
			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Contributory <input type="checkbox"/> Non-Contributory <input type="checkbox"/> 401(k) IRA or 457 <input type="checkbox"/> Employer Matching <input type="checkbox"/> Social Security <input type="checkbox"/> Other _____	<input type="checkbox"/> Yes Refund Date _____ Refund Amount \$ _____ <input type="checkbox"/> 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: Employing Agency, Governmental Agency?, Contract Employee?, Employment Dates (From, To), and Employment Status. Includes checkboxes for Yes/No for each category.

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: Includes a table for Dates of leaves or uncompensated times with columns for From, To, and Type/Description.

Was this individual ever a member of your retirement system? Includes a table for Retirement System/Plan with columns for Membership Dates (From, To) and Type of Retirement Plan. Also includes a section for refund information: Has this member received a refund of his/her contributions and interest from your plan? and Service credit accumulated in your system.

Has member purchased any service credit, including "Air Time" in your system? Includes a section for purchased credit in years and months.

Does your retirement system have a reciprocal agreement with the California Public Employees' Retirement System (CalPERS)? Includes a section for reciprocity between systems.

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.