Mailing Address: PO Box 512218, Los Angeles, CA 90051-0218 Visit LACERS at 202 W. First Street, Suite 500, Los Angeles, CA 90012

www.lacers.org | lacers.services@lacers.org | Mail Stop 175

(800) 779-8328 | TDD (888) 349-3996 | Fax (213) 473-7297

APPLICATION TO PURCHASE PUBLIC SERVICE - ALL MEMBERS

(Print) Last Name	First Name	Middle Name		
Street Address	City	State Zip Code		
Last four digits of Email Social Security Number	Date of Birth	Daytime Phone Number		
Your proposed retirement date (Required)			
I am claiming eligibility to purchase a minim leave(s) that I have taken from City Service,		6) whole months full-time		
Types	of Leave or Purchase			
Educational Leave from City Servi	ce Personal Leave from C	ity Service		
Leave with Dept. of Water & Powe	r Service Credit Purchas	e, Separate Account		
From//To// MM DD YY MM DD Y	Y Type of Leav	ve or Purchase		
From//To// MM DD YY MM DD Y	Y Type of Leav	ve or Purchase		
From//To// MM DD YY MM DD Y	Y Type of Leav	ve or Purchase		
From//To// MM DD YY TO MM DD Y	Y Type of Leav	ve or Purchase		
From//	Y Type of Leav	ve or Purchase		
I hereby authorize the Los Angeles City Emconcerning my employment and pension be with my application to purchase service cred	enefits with the City that may	•		
Signature	C	ate		
For Official Use Only				
Verified by	D	ate		
Remarks				

ACKNOWLEDGEMENT OF PUBLIC SERVICE BUYBACK (PSB) With the Los Angeles City Employees' Retirement System (LACERS)

	From To	
I, initial if you	, have been counseled understand the terms of this acknowledgem	about my Public Service Buyback. Please lent:
	I understand that PSB purchase is only av not be eligible to purchase this Service Cr employment.	ailable to active LACERS' Members, and I will redit after my retirement or termination of
	Retirement. If I purchase PSB Service Cr	etirement, Vested Retirement, or Disability
	I understand that the PSB Service Credit v	vill only enhance my retirement allowance;
	I understand that the PSB Service Credit vertiree medical and dental insurance pren	vill not be used to qualify for or increase my nium subsidies;
	I understand that the PSB Service Credit v lay-off seniority;	vill not increase my employment seniority or
	I understand that the PSB Service Credit v service pin accrual rates;	vill not increase my vacation, sick time, or
		PSB purchase is provided, I will be required within the deadline established. If the paymen dline, the cost may change;
	I understand that I may elect to make biwe for a period of 5 years;	ekly installments through payroll deduction
	to prepare the PSB cost. I understand th	g with other actuarial information will be used nat LACERS will review these factors prior ctors change, the cost of my PSB purchase
	 Retirement Effective Date: Marital Status on Retirement: Spouse Date of Birth (if applicable) 	
SIGNATURI	<u> </u>	DATE

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.