

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`Wta d`Yh`bUa Y`UbX UXxfYgg`cZdf]cf`Ya d`cmYfL	CWW dUh]cb	7 cbtUWh 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 bWta dYbgUhX`lja Y	HndY#B YgW]d]h]cb		
: fca Hc			

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

F Yh]fYa YbhGnghYa # D`Ub`fAI ghdfcj]XY` Wta d`Yh`bUa Y`UbX` UXxfYggL	A Ya VYfg\]d`8 UhYg : fca Hc		F YW]j]b[` ` ` cf`Ybh]hYX`hc fYh]fYa Ybh VYbYZ]g3	HndY`cZF Yh]fYa Ybh D`Ub	7 cbt]Vi]h]cbg`FYZ bXYX Zca `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 UHtg (subdivided into : fca and 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. Includes a table for Dates of leaves or uncompensated times (From, To) and Type/Description.

Was this individual ever a member of your retirement system? Yes No. Includes a table for F YHfYa YbhGmghYa # A Ya VYfg\ jd`8 UHtg (subdivided into : fca and Hc), HndY`cZF YHfYa Ybh D`Ub, and refund information (Refund Date, Refund Amount \$, Was member vested and eligible for a benefit prior to the refund? Yes No, Funds still on deposit \$, N/A: Non-Contributory Plan).

Service credit accumulated in your system, regardless of an any refund of contributions. () Years () Months. Is this individual receiving or eligible to receive retirement or disability benefits from your system for the above service? If yes, explain the benefit in the space provided below. Yes No.

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

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.