LACERS
LA CITY EMPLOYEES' RETIREMENT SYSTEM

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   Email   Date of Birth   Daytime Phone Number
Social Security Number

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

9a d`cm]b[ `; cj Yfba YbhU`5[ YbWm flA i gh]dfcj ]XY`Wa p`YfY`bUa Y`UbX UXXfYgg`cZdf]cf`Ya d`cmYfŁ	CWW`dU]]cb	7cbU`h 9a d`cmYf3	9a d`cma Ybh`8UhYg		9a d`cma Ybh GHUi g
			: fca	Hc	
		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
8UhYg`cZ`YUj Y`cf`i bWca dYbgUhYX`h]a Y		HmdY#8 YgW]dh]cb	
: fca	Hc		

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

F Yh]fYa YbhGmghYa # D`Ub`flA i gh]dfcj]XY` Wca d`YhY`bUa Y`UbX` UXXfYggŁ	A Ya VYfg\ ]d`8UhYg		F YWj]b[`cf`Ybh]h`YX`hc` f Yh]fYa Ybh`VYbYZ]hg3	HmdY`cZF Yh]fYa Ybh` D`Ub	7cbUf]Vi h]cbg`F YZ bXYX Z`ca `Df]cf`D`Ub3
	: fca	Hc			
.....			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)

9a d`cm]b[´5[YbWn	; cj Yfba YbHJ´ 5[YbWh8	7cbHfUWh 9a d`cmYY3	9a d`cma Ybh 8 UhYg		9a d`cma Ybh GHUh g
			: fca	Hc	
	Yes No	Yes No			Full-Time Part-Time
	Yes No	Yes No			Full-Time 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
Dates of leaves or uncompensated times	Type/Description	
From	To	

Was this individual ever a member of your retirement system?		Yes No
F Yh]f Ya Ybh Gmgh Ya # D`Ub´	A Ya VYfg\ ]d ´8 UhYg	HmdY´c ZF Yh]f Ya Ybh D`Ub	<Ug´h]g´a Ya VYf´f YW]j YX´U fYZ bX´c Z \ ]g#t Yf Wcbhf]Vi h]cbg UbX]bhYf Ygh Zca mci f d`Ub3
	: fca	Hc	
			Contributory Non-Contributory 401(k) IRA or 457 Employer Matching Social Security Other _____	Yes Refund Date _____ Refund Amount $ _____ Was member vested and eligible for a benefit prior to the refund? Yes No 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	