REQUEST FOR SERVICE CREDIT PURCHASE CALCULATION

Date of Request:		Dept:		
Member:		DOB:		
Last 4 of SSN: EMP ID:		Work Phone:		
Email:		Cell Phone:		
Please determine the eligibility following time periods.	and calculate the	cost of purchasing pre	vious county service	credit for the
TYPE OF SERVICE (Check all that apply)		APPROXIMATE DATES		
	BEGIN DATE	END DATE	BEGIN DATE	END DATE
Extra Help				
Medical Leave				
Redeposit (Contributions Previously withdrawn from System)				
Layoff (if rehired within 12 months)				
Other Name(s) used during pre	evious service:			
Signature			Date	

SBCERS uses payroll records provided by your employer to determine eligibility.

Completion of this form does not require you to purchase any service credit. Purchase of service credit can be accomplished via lump sum or payroll deduction. Requests are generally processed in the order received. Upon completion of the necessary research and calculations, a letter will be sent to you via US Mail to your home address on record. The letter will explain how much, if any, time is available for purchase, the cost of purchase, and available payment methods, and will include an election form as well as any documents or forms required for you to complete the purchase.