



1145 Market Street, 5th Floor, San Francisco, CA 94103 Website:
www.mysfers.org Telephone: (415) 487-7000

Application to Purchase Public Service

Section A-1 SFERS Member Information to be completed by APPLICANT				
First Name, Middle Initial	Last Name	Soc Sec # (last 4 digits)	Birth Date	Today's Date
Mailing Address (Street, Apartment Number)		DSW#	Daytime Phone Number	
Mailing Address (City, State, Zip Code)		Preferred Email Address		
Department/Division/Branch			Job Class	

Section A-2 Public Service Information to be completed by APPLICANT
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Public service means: 1) service rendered as an employee of the United States government, both civilian and military service, covered by an eligible defined benefit retirement plan; 2) service rendered as an employee of the State of California; and 3) service rendered as an employee of a public agency in the State of California which service was covered by a locally administered defined benefit retirement plan or was entitled to be covered by CalPERS at the time the service was rendered. (See *San Francisco Administrative Code Sections 16.55-1 through 16.55-5*) Only periods of public service rendered prior to your first SFERS membership period are eligible to purchase as service in a SFERS Miscellaneous Plan.

You must complete your public service purchase prior to your effective retirement date. You may purchase all or part of your eligible public service; however, if the total service exceeds six (6) months, you must purchase a minimum of six (6) months. Only public service that is not credited in and/or used to determine or calculate retirement benefits in another defined benefit retirement plan may be purchased.

The period of public service you are applying to purchase must be certified by the public agency or retirement plan applicable to such service. Further, the public agency or retirement plan must certify that the service is no longer currently credited in another defined benefit retirement plan and will not be used to calculate or determine retirement benefits under that plan. You must submit separate applications for periods of public service rendered for separate public agencies.

Your cost to purchase public service will be calculated using the number of months of public service to be purchased, multiplied by your monthly earnable salary, multiplied by the normal cost percentage of the Miscellaneous Plan in effect at the time the purchase is made (if your purchase is by lump sum or direct rollover from another qualified plan), or on the effective date of commencement of payroll deductions (if your purchase is made via an after-tax or pre-tax payroll deduction agreement. Please note: contributions purchased with public service will be credited to your account, but will not be matched with City contributions should a vesting allowance be payable.

I apply to purchase the following periods of public service:

Period(s) of Public Service From: MM/DD/YYYY To: MM/DD/YYYY	Name of the Public Agency where you were employed	Name and address of the retirement system covering your employment for this period

I hereby authorize San Francisco Employees' Retirement System to obtain any information concerning my employment that may be required in connection with my Application to Purchase Public Service. I declare under penalty of perjury that the foregoing is true and correct.

Member Signature

Date

After you have completed Sections A-1 and A-2 of this form, forward your application to the retirement plan which covered your employment for completion of Sections B-1 and B-2. If the military employer or pension system cannot complete Sections B-1 and B-2, please complete Sections C-1 through C-3 instead. DO NOT RETURN this form to SFERS until Sections B1 and B-2, or C-1 through C-3, have been completed.

First Name

Last Name

Soc Sec # (last 4 digits)

Section B-1 Information to be completed by Former Public Agency or Retirement Plan

A former member of your retirement plan is applying to purchase period(s) of prior employment covered by your retirement plan as "public service" under the provisions of the San Francisco Employees' Retirement System (SFERS) plan. Please provide the following information for purposes of verifying the period of eligible service to be purchased in SFERS. **Return the completed form to the Member.**

- 1. Was this employee ever a member of your retirement system for the employment listed by the employee on the reverse side of this form? Yes No
- 2. Was the retirement system a defined benefit plan? Yes No

Period(s) of Covered Employment		Full Time or Part Time	Total Years / Months of Retirement Plan Service Credit
From: MM/DD/YYYY	To: MM/DD/YYYY		

Please list all uncompensated leaves of absence and/or periods of uncompensated time during the employment provided above.

Periods of Uncompensated Leave		Type of Leave/Description
From: MM/DD/YYYY	To: MM/DD/YYYY	

- 3. Was this member's service credit, as reported above, adjusted for these uncompensated periods? Yes No
- 4. Is this member entitled to a pension or retirement allowance from your agency/retirement plan for this covered employment? If yes, please explain in the space provided below. Yes No

Explanation:

- 5. Did this member take a refund of their contributions and interest from your retirement plan? If no, please explain in the space provided below. Yes No

Explanation:

- 6. Is this member eligible to redeposit their contributions with your retirement plan? Yes No
- 7. Was this agency entitled to participate in the California Public Employees' Retirement System (CalPERS) at the time this service was rendered? Yes No

Section B-2 Certification of Employment to be completed by Former Public Agency or Retirement Plan

I hereby certify that the above information was taken from our official records.

Retirement Plan Representative Signature

Preferred Email Address

Please Print Your Name and Title

Date

Daytime Phone Number

Retirement Plan

Street Address City State Zip Code

MAIL COMPLETED FORM DIRECTLY TO MEMBER

First Name

Last Name

Soc Sec # (last 4 digits)

For purchases of Military Service only

If sections B-1 and B-2 cannot be completed by the military employer or the military pension system, you may have your DD214 (Certificate of Release or Discharge from Active Duty) certified by a County Veterans Service Office (CSVO) under Sections C-1 through C-3

Section C-1 Public Service Information to be completed by APPLICANT

8. I confirm that I am not receiving, and am not eligible to receive in the future, retirement pay and/or disability retirement pay based on my military service, from the military or any other retirement system. Yes No
(Members who are only receiving disability compensation from the Veterans Administration may be eligible to purchase public service)

If yes, this service is eligible for purchase with SFERS

I hereby authorize San Francisco Employees' Retirement System to obtain any information concerning my employment that may be required in connection with my Application to Purchase Public Service. I declare under penalty of perjury that the foregoing is true and correct.

Member Signature

Date

Section C-2 DD214 Certification of Employment to be completed by County Veterans Service Office

This member is attempting to purchase public service based on military service. Please provide the following information for purposes of verifying the period of service eligible to purchase in SFERS.

9. **Did member receive a Dishonorable Discharge?** Yes No
(Members who receive a Dishonorable Discharge are not eligible to purchase public service from SFERS)
10. **Did member provide an authentic copy of the Member's DD214?** Yes No

Section C-3 Certification of Information to be completed by County Veterans Service Office

I hereby certify the information above and the DD214 (Certificate of Release or Discharge from Active Duty) are true and correct.

County Veterans Service Office
Representative Signature

Preferred Email Address

Please Print Your Name and Title

Date

Daytime Phone Number

Street Address

City

State

Zip Code

MAIL COMPLETED FORM DIRECTLY TO MEMBER

MEMBER INSTRUCTIONS: After completion of this form from the certifying agency, return **all pages** to SFERS along with a legible copy of your DD214.