



SFERS

San Francisco Employees' Retirement System

1145 Market Street, 5th Floor, San Francisco, CA 94103
Phone: (415) 487-7000 Hours: 8 a.m. – 5 p.m. Monday-Friday

Application to Purchase Public Service

Section A-1 SFERS Member Information to be completed by APPLICANT

Name (First, Middle Initial, Last)		Social Security Number	Birth Date
Mailing Address (Street, Apartment Number)		Daytime Phone Number	
Mailing Address (City, State, Zip Code)		Home Phone Number	
Membership Category (Check one box)		Position/Title	
<input type="checkbox"/> Police <input type="checkbox"/> Fire <input type="checkbox"/> Miscellaneous		Department	

Section A-2 Public Service Information to be completed by APPLICANT

Public service means: 1) civilian service rendered as an employee of the United States government; 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 the SFERS Miscellaneous Plan.

You must complete the purchase of public service 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 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 not currently credited in another retirement plan and will not be used to calculate or determine retirement benefits under another plan. You must submit separate applications for periods of public service rendered for separate public agencies.

The cost of purchasing public service is the product of 1) number of months of public service to be purchased multiplied by 2) your monthly salary multiplied by 3) the normal cost percentage of the Miscellaneous Plan. Your cost to purchase public service will be calculated using your monthly salary and the normal cost rate 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). Contributions credited to your SFERS member account for purchase of public service will not be matched with City contributions in the calculation of your SFERS retirement benefits.

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 the periods of public service detailed above for its completion of Sections B-1 and B-2 Certification of Public Service of your application. DO NOT RETURN this form to SFERS until Sections B1 and B-2 have been completed by your previous retirement plan.

Section B-1 Prior Employment Information to be completed by Former Retirement Plan

A former member of your retirement plan is applying to purchase period(s) of prior employment which were covered by your retirement plan as "public service" under the provisions of the San Francisco Employees' Retirement System (SFERS). In accordance with the member's release under Section A-2, please provide the following information for purposes of verifying the period of service eligible to purchase in SFERS. **Return the completed form to the Member.**

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

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	

Was this member's service credit, as reported above, adjusted for these uncompensated periods? Yes No

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. Yes No

Explanation:

Did this member take a refund of his/her contributions and interest from your retirement plan? Yes No

Is this member eligible to redeposit his/her contributions with your retirement plan? Yes No

Was this agency entitled to participate in the California Public Employees' Retirement System (CalPERS) at the time this service was rendered? Yes No

Does your retirement system have a reciprocity agreement with CalPERS? Yes No

Section B-2 Certification of Employment Information to be completed by Former Retirement Plan

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

Retirement Plan Representative Signature

Date

Please Print Your Name and Title

Telephone Number

Fax Number

Retirement Plan

Street Address

City

State

Zip Code

MAIL COMPLETED FORM DIRECTLY TO MEMBER