REQUEST FOR SERVICE CREDIT PURCHASE CALCULATION

Date of Request:				
				Last 4 of SSN: EMP ID:
Email:		Cell Phone:		
Please determine the eligibi following time periods.	lity and calculate th	e cost of purchasin	g previous county service credit for the	
TYPE OF SERVICE (Check all that apply)	APPROXIMATE DATES			
	BEGIN DATE	END DATE	IMPORTANT INFORMATION	
Extra Help			Must be EXH service worked prior to regular employment EXH worked after joining SBCERS cannot be purchased.	
Medical Leave			Bona Fide return to work required to be eligible to purcha	
Redeposit (Contributions Previously withdrawn from System)			_	
Layoff (if rehired within 12 months) Family Medical Leave of Absence (FMLA) (After effective date April 4, 2023)			Family and Parental leave is eligible for purchase upon return to employment for a period of time at least equal the period of leave. Example: a 6 month leave is eligible for purchase once the member has been back to work for	
Parental Family Leave (After effective date June 28, 2022)			months. Additionally, the purchase requires the member pay both the employee and employer contributions, and interest.	
Other Name(s) used during	previous 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.