

348 W. Hospitality Lane, Suite 100 San Bernardino, CA 92408 P: 909.885.7980 E: memberservices@sbcera.org

SERVICE PURCHASE REQUEST

YOU MUST BE A CURRENT MEMBER OF SBCERA TO PURCHASE ADDITIONAL SERVICE CREDIT

MEMBER INFORMAT	<mark>ION</mark> (Please pri	nt or type)					
Last Four Digits of SSN		Employee ID			Birth Date (Mo/Day/Year)		
Last Name		First Name			Middle Name		
Member Status							
Address		City		Stat	е	Zip Code	
PREFERRED METHOD OF CONTACT: LIST ONLY ONE							
EMAIL: PHONE:							
Check and complete all sections that apply. Attach additional sheets if needed.							
Redeposit of Withdrawn Contributions (List all dates of prior service under SBCERA)							
From:				Date of Withdrawal:			
		To:	Da	Date of Withdrawal:			
From:		To: Date of W			wal:		
☐ Prior Public Agency Service (PPAS)*							
Dates of Service:	From:		То	:			
Agency/County:							
Dates of Service:	From:		To): 			
Agency/County: Dates of Service:	From:		To	•			
Agency/County:				-			
		e, other '37 Act cou	nties, State of Cali	ifornia or PER	S contr	act employer; other public	
employers in Californ							
☐ Past Ir	neligible Service	; *					
Department Name:							
Dates of Service:	From:		T	0:			
Department Name:							
Dates of Service:	From:		Т	o:			
Department Name:							
Dates of Service:	From:		T	o:			
* Temporary hourly i	nart-time (less t	han 20 houre weekl	v) CETA or seaso	nal			

☐ Authorized Leave*							
Department Name:							
Type of Leave:							
Dates of Leave:	From:	To:					
Department Name:							
Type of Leave:							
Dates of Leave:	From:	To:					
Department Name:							
Type of Leave:							
Dates of Leave:	From:	To:					
		cutive months); military leave that is between periods of SBCERA covered for military leave purchase requests.					
TYPES OF SERVICE NOT ELIGIBLE TO PURCHASE OR REDEPOSIT							
 Educational or Sa 	bbatical Leaves	Leave without Pay					
Out of State Service		 Public Agency Service for which you receive a benefit 					
 Strike 							
Member Signature		Date					