



# PURCHASE/REDEPOSIT REQUEST

ALAMEDA COUNTY EMPLOYEES' RETIREMENT ASSOCIATION  
475 14<sup>th</sup> Street, Suite 1000  
Oakland, CA 94612-1900  
Voice (510) 628-3000  
Fax (510) 268-9574

(Please Print or Type)

Name: \_\_\_\_\_ Social Security Number: \_\_\_\_\_ - \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Birthdate: \_\_\_\_/\_\_\_\_/\_\_\_\_ Sex: Male  Female  Phone Number: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Marital Status: Single  Married  Divorced  Any Other Name Used: \_\_\_\_\_

**YOU MUST BE A CURRENT ACERA MEMBER TO PURCHASE ADDITIONAL SERVICE TIME OR REDEPOSIT PRIOR ALAMEDA COUNTY SERVICE TIME.**

*Check and complete all sections that apply. Attach additional sheets if needed.*

<input type="checkbox"/> <b>DAYS PRIOR TO SERVICE</b>
<input type="checkbox"/> <b>PART TIME/PROJECT</b> Department Name: _____ Date of Service: From: _____ To: _____
<input type="checkbox"/> <b>OTHER PUBLIC SERVICE</b> Date of Service: From: _____ To: _____ Agency/County: _____ <ul style="list-style-type: none"><li>• Federal Government, including military service (only those hired prior to and continuously from 08/09/72)</li><li>• Other '37 Act counties; State of California or PERS contract employer; any public school system in Alameda County; East Bay Municipal Utility District; Port of Oakland; any city within Alameda County</li></ul>
<input type="checkbox"/> <b>SDI / MATERNITY LEAVE / UNCOMPENSATED SICK LEAVE / MILITARY LEAVE OF ABSENCE</b> <ul style="list-style-type: none"><li>• You must have been a contributing member of ACERA at the time of the leave and subsequently return to employment to be eligible to purchase the time.</li><li>• If your maternity leave was prior to 1984, a copy of the birth certificate is required.</li></ul> Dates of Leave: From: _____ To: _____ Dates of Leave: From: _____ To: _____
<input type="checkbox"/> <b>REDEPOSIT OF WITHDRAWN CONTRIBUTIONS (List all dates of prior ACERA service)</b> From: _____ To: _____ Date of withdrawal: _____ From: _____ To: _____ Date of withdrawal: _____ From: _____ To: _____ Date of withdrawal: _____
<input type="checkbox"/> <b>DEFERRED TRANSFER MEMBERS (RECIPROCAL/INTERSYSTEM MEMBERS)</b> <i>Deferred reciprocal members who left ACERA membership before 12/31/71 and have entered other reciprocal agency service before 12/31/77 are eligible to redeposit their ACERA service credit.</i> Reciprocal Agency name: _____ Dates of prior service From: _____ To: _____ Date of withdrawal: _____ Any Other Name Used: No <input type="checkbox"/> Yes* <input type="checkbox"/> *If yes, please list name: _____

Member Signature

Date

TYPES OF SERVICE NOT ELIGIBLE TO PURCHASE OR REDEPOSIT	
• EDUCATIONAL OR SABBATICAL LEAVES	• OUT OF STATE SERVICE
• STRIKE, EXCEPT "BLUE FLU" FOR SHERIFFS	• SERVICE FROM SCHOOLS OUTSIDE ALAMEDA COUNTY
• STRAIGHT LEAVE WITHOUT PAY	• CONTRACT OR CONSULTANT SERVICES

ACERA USE ONLY	
Date Received: _____	_____
Date Processed: _____	_____
Processed by: _____	_____