



PURCHASE REQUEST

ALAMEDA COUNTY EMPLOYEES' RETIREMENT ASSOCIATION

475 14th Street, Suite 1000, Oakland, CA 94612 • Website: www.acera.org

Telephone: (510) 628-3000 or (800) 838-1932 • Fax: (510) 268-9574

You must be a current member of ACERA to purchase service credit. Requests must be submitted 30 days prior to your retirement date. Furthermore, purchases must be paid in full by your retirement date.

The following categories are not eligible for purchase: air time, educational leave, strike time, out of state service, leave without pay, and or contract/consultant services. To purchase time worked with another public agency, please use the Other Public Purchase-Service Verification Form on our website.

Name: _____ Employee ID: _____

Address: _____ Social Security Number: _____

Birthdate: _____ Sex: Male Female Phone Number: _____

Marital Status: Single Married Divorced Other Name(s) Used: _____

<input type="checkbox"/> FIRST PAY PERIOD OF EMPLOYMENT PRIOR TO MEMBERSHIP
<input type="checkbox"/> NON-CONTRIBUTING SERVICE WITH AN ACERA COVERED EMPLOYER (i.e. Part-Time, Project, TAP, SAN) <ul style="list-style-type: none"> An Intent to Purchase form must be on file to be eligible to purchase this service <p>Department Name: _____</p> <p>Dates of Service: From: _____ To: _____</p>
<input type="checkbox"/> STATE DISABILITY / FMLA / MATERNITY LEAVE / UNCOMPENSATED WORKER'S COMPENSATION <ul style="list-style-type: none"> You must have been a member of ACERA at the time of the leave and subsequently continued employment thereafter The following documents must be attached in order for your request to be processed: child's birth certificate, signed doctor's authorization, SDI approval, FMLA approval, or workers compensation approval (for your own illness) <p>Dates of Leave: From: _____ To: _____</p> <p>Dates of Leave: From: _____ To: _____</p>
<input type="checkbox"/> PRIOR MILITARY SERVICE <ul style="list-style-type: none"> For prior military service you must be hired prior to and continuously from 08/09/1972 <p>Dates of Leave: From: _____ To: _____</p> <p>Dates of Leave: From: _____ To: _____</p>
<input type="checkbox"/> REDEPOSIT OF ACERA WITHDRAWN CONTRIBUTIONS OR COMMUNITY PROPERTY <p>From: _____ To: _____ Date of Withdrawal: _____</p> <p>From: _____ To: _____ Date of Withdrawal: _____</p>
<input type="checkbox"/> REDEPOSIT OF ACERA WITHDRAWN CONTRIBUTIONS - RECIPROCAL SYSTEM MEMBERS <ul style="list-style-type: none"> Reciprocal system members who left ACERA prior to 12/31/1971 and entered a reciprocal agency before 12/31/1977 True Safety Reciprocal system members who withdrew their ACERA funds (AB2766) <p>Reciprocal Agency: _____ Current Position: _____</p> <p>From: _____ To: _____ Date of Withdrawal: _____</p>

Member Signature

Date