**STANISLAUS COUNTY**
**EMPLOYEES' RETIREMENT ASSOCIATION**
**832 12th Street, Suite 600 (95354)**
**P.O. Box 3150**
**Modesto, CA 95353-3150**

**Phone (209) 525-6393**
**Fax (209) 558-4976**
**www.stancera.org**
**e-mail: retirement@stancera.org**

Clear Form

# BUY BACK CALCULATION REQUEST

**FROM:** _____
(Name)

_____
(Address)

_____
(City, State, Zip)

_____
(Employee Number) (Daytime Telephone Number)

Current Department: _____ Date_____

**SUBJECT:** Buy back of Retirement Service

Requesting buy back calculation for the following reason:

☐ SDI - State Disability Insurance – Medical Leave/LOA
**(2080 hours is maximum amount that can be purchased per incident)**

Dates: _____

☐ Prior full-time service (previously refunded)

☐ Part-time service
Dates: _____

☐ Military Time **(Tier 1/4 only) - A** copy of your DD214 form must be attached.

☐ Other service outside of Stanislaus County employment **(Tier 1/4 only)**.
We will need a letter providing proof of service and ineligibility of retirement benefits from other system.

Agency: _____

Employment Dates: _____

**** PLEASE ALLOW THREE (3) TO SIX (6) MONTHS FOR CALCULATIONS ****