



STANISLAUS COUNTY
 EMPLOYEES' RETIREMENT ASSOCIATIO
 832 12th Street, Suite 600
 Modesto, CA 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

BUY BACK CALCULATION REQUEST

Please type or print in ink

MEMBER	First Name:	Middle Initial:	Last Name:	
	Mailing Address:			
	City:	State:	Zip:	Date of Birth:
	Home Phone#:	Work Phone#:		Social Security Number:
	Employer:	Dept:		Employee ID#:

SERVICE TIME REQUESTING TO PURCHASE	<input type="checkbox"/> Medical Leave (includes SDI, On the Job Injury, Worker's Comp or FMLA) (Limited to 2080 per incident) Dates: _____
	<input type="checkbox"/> Prior Full Time Service (Previously refunded) Dates: _____
	<input type="checkbox"/> Prior Part Time Service Dates: _____
	<input type="checkbox"/> Active Military Time (Tier 1/4 ONLY) (Copy of your DD214 and a letter from the Veteran's Office must be submitted with this form) Dates: _____
	<input type="checkbox"/> Other Public Service Outside of StanCERA Employment (Tier 1/4 ONLY) (You will need to provide a letter as proof of service and ineligibility of retirement benefits from the other system. The letter must state the dates, hours worked, that the contributions were refunded to you and that you are not entitled to a monthly benefit for the dates specified) Agency Name: _____ Employment Dates: _____

SIGNATURE	PLEASE SIGN AND DATE THIS FORM, AND RETURN TO THE STANCERA OFFICE. Please allow 2 to 4 months for calculations, which you will receive by mail. Pay special attention to the deadline date in which you must meet with a Retirement Specialist in order to initiate the purchase of service.	
	Member Signature:	Date: