



BUY-BACK CALCULATION REQUEST

Type or print in ink.

FIRST NAME:		MI:	LAST NAME:		DATE OF BIRTH:	SOCIAL SECURITY NUMBER:	
MAILING ADDRESS:		CITY:			STATE:	ZIP CODE:	
HOME PHONE:		CELL PHONE:		EMAIL ADDRESS:			
EMPLOYER:			DEPARTMENT:			EMPLOYEE ID	

SERVICE TIME REQUESTED

- Medical Leave, includes SDI, On the Job Injury, Worker's Comp or FMLA (limited to 2080 hours per incident)

Dates: _____

- Prior Full-Time Service (Previously refunded)

Dates: _____

- Prior Part-Time Service

Dates: _____

- Active Military Time (Tiers 1 & 4 Only) – Attach copy of DD214 and letter from Veteran's Office

Dates: _____

- Other Public Service Outside of StanCERA (Tiers 1 & 4 Only)

Attach letter as proof of service and ineligibility of benefits and indicate dates/hours worked, refund of contributions, and no entitlement of monthly benefit for specified dates.

Agency Name: _____

Employment Dates: _____

SIGNATURE

Please allow 8-12 months for calculations to be processed. Repeat requests from previously calculated service will only be accepted 6 months from the mailing date of the prior contract from contract for same service, no exceptions.

Buy-Back Contracts are sent via U.S. Mail and are time sensitive. You will be granted 30 days to schedule an appointment with a Member and Employer Services Specialist to initiate a permissive service purchase contract.

Signature: _____

Date: _____

