



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

An estimated cost of the service credit purchase will be mailed within 3 to 8 weeks via U.S. Mail and are time sensitive. Once received, please note the expiration date, and respond timely if you wish to complete the purchase. Failure to contact StanCERA by the expiration date will void the purchase estimate.

Subsequent requests of previously calculated service will only be accepted 6 months from the mailing date of the prior service credit purchase estimate for same service, no exceptions.

Signature: _____

Date: _____

