

REQUEST FOR SERVICE PURCHASE CALCULATION



I. MEMBER INFORMATION

Print Full Name: _____ SSN: XXX-XX-_____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Email: _____ Phone: _____ DOB (MM-DD-YYYY): _____

II. SERVICE CALCULATION REQUEST INFORMATION

I would like to request a calculation of cost for the following service:

Medical Leave of Absence

From: _____ To: _____

Temporary/On-Call Service

From: _____ To: _____

Redeposit

From: _____ To: _____

Public Service

Have you requested the calculation/s from SCERS in the past?

Yes **No**

Member Signature

Printed Name

Date

Sacramento County Employees' Retirement System (SCERS)
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