

**SERVICE PURCHASE/REDEPOSIT OR PLAN UPGRADE REQUEST**



**Address:** 100 Marine Parkway | Suite 125  
 Redwood City, CA 94065  
**Phone:** (650) 599-1234  
**Toll-Free:** (800) 339-0761  
**Fax:** (650) 591-1488  
**PONY:** RET 141  
**Web:** [www.samcera.org](http://www.samcera.org)  
**Email:** [samcera@samcera.org](mailto:samcera@samcera.org)

**Member Information**

Last Name		First Name		Middle Initial	
Last 4 Digits of SSN	Phone	<input type="checkbox"/> Home	<input type="checkbox"/> Cell	<input type="checkbox"/> Other	Email Address
Address			City	State	Zip

**IMPORTANT:** Visit [www.samcera.org](http://www.samcera.org) for current processing times, dates, and deadlines.

**Authorization for Request**

I am a current active member of SamCERA and am requesting a cost estimate for one or more of the reasons listed below. If I decide to proceed, I will submit a completed SamCERA agreement. I understand that establishing reciprocity may change the cost estimate, so I will let SamCERA know if I intend to establish reciprocity.

**Indicate which item(s) you want a cost estimate for by checking boxes below:**

**Extra Help/Limited Term Service Purchase:** I worked an Extra Help or Limited Term position for a SamCERA-covered employer prior to my membership. *Please provide the dates:*

From (date)  To (date)

**Redeposit:** I was previously employed by a SamCERA employer and withdrew my prior SamCERA contributions **OR** my former spouse withdrew a community share of contributions, and I want to redeposit the contributions plus interest.

**Plan 3 Service Upgrade:** I am currently in contributory Plan 2 or Plan 4, and I am interested in upgrading my prior non-contributory Plan 3 service credit.

**Plan 5 Service Upgrade:** I am currently in contributory General Plan 5, I have 10 years of service credit (not counting reciprocal service or extra-help/limited term service purchases), and I am interested in transferring to General Plan 4.

**Medical Leave:** I have returned to active employment after an employer approved unpaid leave of absence because of my illness or the illness of an immediate family member. I am interested in purchasing the time I was on medical leave. *(Attach a note from the doctor reflecting the dates of your leave.)*

**Parental Leave:** I have returned from an employer approved unpaid leave of absence because of my maternity or paternity leave that commenced on or after March 23, 2021. I have returned to active employment for a time period that is equal to or more than my parental leave. *(Attach a note from your employer reflecting the dates of your approved leave.)*

**Military Leave:** I have returned to active employment after a leave of absence because of military service, and I am interested in purchasing this time. *(Attach a copy of your DD214 showing the dates of your service.)*

Signature <i>(print this form and sign)</i>	Date
---	------

**Note: The requested cost estimates will be mailed to the address provided above.**