# Request for Service Credit Cost Information— Military Service

**888 CalPERS** (or **888-225-7377**) • TTY: (877) 249-7442

**CalPERS**

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Name of Member (Last Name, First Name, Middle Initial)    Social Security Number or CalPERS ID

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## Section 1

If we have provided cost information to you in the past for this service credit, check the **Yes** box and indicate the date your request was submitted. If you have submitted a retirement application, check the **Yes** box and indicate your planned retirement date.

If you were employed by a CalPERS-covered employer and were granted a leave of absence to enter the military, check the **Yes** box and indicate your employer's name.

### About You

Former Name (if applicable)    (    ) Daytime Phone

Mailing Address

City    State    ZIP Code    Current Employer

Have you requested this cost information before? ☐ No ☐ Yes _____
Requested Date (mm/dd/yyyy)

Have you submitted a retirement application? ☐ No ☐ Yes _____
Retirement Date (mm/dd/yyyy)

Were you employed by a CalPERS-covered employer and granted a leave of absence to enter the military?

☐ No ☐ Yes _____
Employer

Are you a member of a public retirement system in California other than CalPERS? ☐ No ☐ Yes

Name of System

Is the military service being requested already credited in another retirement system? ☐ No ☐ Yes

Name of System

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## Section 2

List your active duty military service dates from your Military Certification.

### Military Active Duty Service Dates (attach certification)

Armed Forces Branch    Enlistment Date (mm/dd/yyyy)    Discharge Date (mm/dd/yyyy)

Armed Forces Branch    Enlistment Date (mm/dd/yyyy)    Discharge Date (mm/dd/yyyy)

Armed Forces Branch    Enlistment Date (mm/dd/yyyy)    Discharge Date (mm/dd/yyyy)

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## Section 3

Sign and date the request form. Make a copy for your records.

Attach a copy of your military discharge or leave of absence documents (i.e., DD-214). Also attach a copy of your cost estimate from the Service Credit Cost Estimator at **www.calpers.ca.gov/ servicecreditestimator**.

### Member Certification

I hereby certify that the above information is true and correct.

Member Signature    Date (mm/dd/yyyy)

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**Mail to:**    **CalPERS Member Account Management Division** • P.O. Box 4000, Sacramento, California 95812-4000

# Privacy Notice

The privacy of personal information is of the utmost importance to CalPERS. The following information is provided to you in compliance with the Information Practices Act of 1977 and the Federal Privacy Act of 1974.

## Information Purpose

The information requested is collected pursuant to the Government Code (sections 20000 et seq.) and will be used for administration of Board duties under the Retirement Law, the Social Security Act, and the Public Employees' Medical and Hospital Care Act, as the case may be. Submission of the requested information is mandatory. Failure to comply may result in CalPERS being unable to perform its functions regarding your status.

Please do not include information that is not requested.

## Social Security Numbers

Social Security numbers are collected on a mandatory and voluntary basis. If this is CalPERS' first request for disclosure of your Social Security number, then disclosure is mandatory. If your Social Security number has already been provided, disclosure is voluntary. Due to the use of Social Security numbers by other agencies for identification purposes, we may be unable to verify eligibility for benefits without the number.

Social Security numbers are used for the following purposes:
1. Enrollee identification
2. Payroll deduction/state contributions
3. Billing of contracting agencies for employee/employer contributions
4. Reports to CalPERS and other state agencies
5. Coordination of benefits among carriers
6. Resolving member appeals, complaints, or grievances with health plan carriers

## Information Disclosure

Portions of this information may be transferred to other state agencies (such as your employer), physicians, and insurance carriers, but only in strict accordance with current statutes regarding confidentiality.

## Your Rights

You have the right to review your membership files maintained by the System. For questions about this notice, our Privacy Policy, or your rights, please write to the CalPERS Privacy Officer at 400 Q Street, Sacramento, CA 95811 or call us at **888 CalPERS** (or **888**-225-7377).