

# REQUEST FOR SERVICE PURCHASE CALCULATION



Use this form to request service purchase cost estimates. For more information about service purchases, visit <https://www.scers.gov/post/service-purchase-policy>.

## 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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