

# REQUEST FOR SERVICE PURCHASE CALCULATION



A Service Purchase Calculator estimate from your MySCERS account must be attached to your Form 6401 submission. Forms submitted without an attached MySCERS Service Purchase Calculator estimate will be returned. For more information about service purchases, visit <https://www.scers.gov/about/policies-governance/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**

I acknowledge I have attached a Service Purchase Calculator estimate from my MySCERS account. I understand that Service Purchase Calculation Requests submitted without a MySCERS Service Purchase Calculator estimate will be returned.

\_\_\_\_\_  
Member Signature

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Date

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