



WATER AND POWER EMPLOYEES' RETIREMENT PLAN
111 North Hope Street, Room 357, Los Angeles, CA 90012
<http://retirement.ladwp.com>
(213) 367-1695

**SERVICE CREDIT PURCHASE APPLICATION
OTHER CITY OF LOS ANGELES SERVICE
TIER 2**

This application is for Eligible/Ineligible City Service and Redeposit of City Service.

Please complete page 1 (type or print in ink). Your responses are required to process this application to purchase Other City Service. This information is integral to the purchase estimate calculation. Therefore, please complete this form as thoroughly and accurately as possible. Forward the application to LACERS to complete page 2.

Employee Name: _____ Employee Number: _____

XXX-XX- _____
Social Security Number Date of Birth

Address: _____ Telephone: _____

Dates of service you are requesting to purchase: _____ to _____

Dates of service you are requesting to purchase: _____ to _____

Do you have any other prior employment with another governmental agency? If yes, list dates. _____

Anticipated Retirement Date: _____ (must be first day of the month)

Current Spouse/Domestic Partner Yes No If yes, Date of Birth: _____

The estimated cost of your purchase will be based on the information you provide in this application.
I understand the information provided above will be used to calculate any request(s) to purchase OCS submitted to the Retirement Plan Office. I further understand if any of the information I provided differs at my actual retirement date, the Retirement Plan requires a recalculation of the purchase, which may result in additional cost.

Employee Signature _____ Date _____

EMPLOYEE NAME: _____

CERTIFICATION OF OTHER CITY SERVICE - TIER 2 EMPLOYEES

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SECTION TO BE COMPLETED BY LOS ANGELES CITY EMPLOYEES' RETIREMENT SYSTEM.

Please complete and certify. Forward the completed document to the Water and Power Employees' Retirement Plan

(TYPE OR PRINT IN INK) Hire Date	Membership Date	Termination Date	Employed Full-Time?	Funds on Deposit	(FOR ANY NON-CONTRIBUTING EMPLOYMENT, PLEASE INCLUDE PAYROLL TAKE-OFF) Note
			YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>	
			YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>	
			YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>	

Leaves of Absence _____
 Type _____ Start date _____ End date _____ Contribution Taken? _____

_____ - _____
 Type _____ Start date _____ End date _____ Contribution Taken? _____

Service credit purchases _____
 (Please include copies of contracts) Type _____ Start date _____ End date _____ Total Service Credit _____

_____ - _____
 Type _____ Start date _____ End date _____ Total Service Credit _____

If this individual has contributions on account, please indicate the amount. \$ _____

Service Credit at LACERS: _____ Department Service at LACERS: _____

CERTIFICATION: I hereby certify that the above information was taken from our official records.					
X					
Signature of Retirement Plan Administrator/Retirement System Manager/Employer				Date	
Type or Print Full Name			Title		
Address of Retirement Plan/System/Employer		City	State	Zip	Telephone No.