



**WATER AND POWER
EMPLOYEES' RETIREMENT PLAN**

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

**SERVICE CREDIT PURCHASE APPLICATION
 OTHER GOVERNMENTAL SERVICE
 TIER 2**

This application is for all Military Service and Other Government Service.

Please complete page 1 of this application (type or print in ink). Your responses are required to process this application to purchase Other Governmental Service (OGS). This information is integral to the purchase estimate calculation. Therefore, please complete this form as thoroughly and accurately as possible. Then send the application to your previous employer or retirement plan to complete page 2. They will return the completed application directly to the DWP Retirement Plan Office.

Employee Name: _____ Employee Number: _____

Payroll Number _____ XXX-XX- _____ Birth Date _____ Sex _____
 Social Security Number

Home Address: _____ Personal Telephone _____

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

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

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

Do you currently have contributions on deposit with LACERS? Yes No

Employee Signature _____ Date _____

*Please see other side for additional certification requirements.
 ** If this application is for Military service, complete page 1 only and submit it along with certified copy of your DD214 to the Retirement Plan Office. To obtain a copy of your DD214, visit <https://www.va.gov/records/get-military-service-records/>.

EMPLOYEE NAME: _____

CERTIFICATION OF OTHER GOVERNMENTAL SERVICE - TIER 2 EMPLOYEES

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SECTION TO BE COMPLETED BY THE PREVIOUS EMPLOYER/RETIREMENT SYSTEM.

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

(TYPE OR PRINT IN INK) Name of Employer/Agency	Hire Date	Employed Full-Time?	Termination Date	Date(s) of Retirement Membership (if applicable)	Date(s) of Uncompensated Leaves of Absence
		YES <input type="checkbox"/> NO <input type="checkbox"/>			TO
		YES <input type="checkbox"/> NO <input type="checkbox"/>			TO

If this individual previously withdrew or rolled over his/her contributions and interest, please indicate the date.

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

Is this individual eligible to receive retirement, disability, or survivor benefits from your system, either now or in the future? YES NO If yes, please explain. _____

Is this individual entitled to retirement benefits with some other retirement system as a result of the employment periods included above? YES NO If yes, please explain. _____

CERTIFICATION: I hereby certify that the above information was taken from our official records.

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 Code

Telephone Number