


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 CITY OF LOS ANGELES SERVICE
TIER 2
This application is for Eligible/Ineligible City Service and Redeposit of City Service

Please complete page 1 of this application (type or print in ink). Your responses are required to process this application to purchase Other City Service (OCS). This information is integral to the purchase estimate calculation. Therefore, please complete this form as thoroughly and accurately as possible. Submit the form to LACERS who will complete page 2 and return the form directly to DWP Retirement Plan Office.

Employee Name: _____ Employee Number: _____

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

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 _____

FOR STAFF USE ONLY
Date Cert Sent to City

EMPLOYEE NAME: _____

CERTIFICATION OF OTHER CITY 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