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# San Joaquin County Employees' Retirement Association

6 S. El Dorado Street, Suite 700 • Stockton, CA 95202 • (209) 468-2163 • (209) 468-0480 Fax • www.sjcera.org

## ADDITIONAL SERVICE CREDIT

Please type or print in ink. Please refer to the instructions for this form if you have any questions or contact our office.

<b>MEMBER</b>	First Name	Middle Name	Last Name	Other name(s) used:
	Mailing Address			
	City	State	Zip Code	CAPS (Employee) ID Number
	Home Telephone Number	Work Telephone Number	Social Security Number	
	Department Name		Department Number	Date of Birth

First Name: Tiffany Middle Name: Kay Last Name: Anderson  
 Mailing Address: 1516 Sylvan Way #205  
 City: Lodi State: CA Zip Code: 95242 CAPS (Employee) ID Number: \_\_\_\_\_  
 Home Telephone Number: (209) Work Telephone Number: (209) 982-4675 Social Security Number: 549 -23 -5133  
 Department Name: S. J. Mosquito & Vector Department Number: \_\_\_\_\_ Date of Birth: 8-22-70

**ADDITIONAL SERVICE TIME WAS ONE OF THE FOLLOWING:**

Redeposit of Refunded Contributions for San Joaquin County Time  
 Period of Time Worked: From \_\_\_\_\_ To \_\_\_\_\_  
 Current Retirement System \_\_\_\_\_

Purchase Temporary Time (Part-Time)  
 Period of Time Worked: From \_\_\_\_\_ To \_\_\_\_\_  
 Department(s): \_\_\_\_\_

Purchase Contract Time  
 Period of Time Worked: From \_\_\_\_\_ To \_\_\_\_\_  
 Department(s) \_\_\_\_\_

Purchase Medical Leave of Absence (member's only) while a member of SJCERA  
 (Proof of Medical LOA for yourself must be submitted with this form.)  
 Period of Time on Leave: From (4-18-2008) To (1-5-2009)

Purchase Military/Merchant Marine Time  
 (Form DD214 and a letter from the Veteran's Office must be submitted with this form.)  
 Period of Time Served: From \_\_\_\_\_ To \_\_\_\_\_

Purchase Military Leave of Absence (member's only) while a member of SJCERA  
 (Proof of Military LOA for yourself must be submitted with this form.)  
 Period of Time on Leave: From \_\_\_\_\_ To \_\_\_\_\_

Purchase Public Service Time (Letter from former agency stating dates and hours worked, and that contributions were refunded to yourself must be submitted with this form.)  
 Period of Time Worked: From \_\_\_\_\_ To \_\_\_\_\_

With regard to Public Service Time, I hereby certify to the best of my knowledge and belief, that for this public service time I am not entitled to receive credit in any retirement system supported by public funds and acknowledge that this public service time shall not be applicable to meet the minimum requirements of retirement for service, disability, deferred and death benefits.

<b>SIGNATURE</b>	PLEASE SIGN AND DATE THIS FORM, AND RETURN TO THE SJCERA MAIN OFFICE. Allow approximately 4 to 6 weeks for calculations, which you will receive by mail. <i>NOTE: Interest is added on June 30th and December 31st for the purchase of service credit. Therefore, you should consider initiating requests well in advance of these dates.</i>	
	Signature	Date

Signature: Tiffany K. Anderson Date: 9-28-2009 TA  
11-22-2009