



Active Member Request for Service Purchase Calculation Application

If you are interested in a calculation for the purchase cost of Creditable Service, please complete the information below and return to the Retirement Office. Following verification of information and eligibility of purchase, the System will provide a calculation to you. No refunds are allowed once funds have been received for a Creditable Service purchase.

Name: _____ SSN (Last 4): _____

Address/City/State/Zip Code: _____

Daytime Phone: _____ E-mail: _____

Proportionate Service

Have you ever been a member of a proportionate system? yes no

Proportionate Service may affect the cost of this service purchase and is subject to verification before completion of your purchase.

Total Proportionate Service _____ years _____ months

(Please check all that apply.)

- | | | |
|---|---|---|
| <input type="checkbox"/> ERS of Texas (state) | <input type="checkbox"/> TMRS (other cities in Texas) | <input type="checkbox"/> TRS (teachers' retirement) |
| <input type="checkbox"/> El Paso Firemen & Policemen's Pension Fund | <input type="checkbox"/> COAERS (City of Austin) | <input type="checkbox"/> TCDRS (counties) |
| <input type="checkbox"/> The El Paso City Employees' Pension Fund | <input type="checkbox"/> Judicial Retirement Systems of Texas, I & II | |

Select the type or types of calculations you would like to request indicating the number of months you would like your calculations to include. The date of purchase must be within *30 days* of the date your request form is received or the request process must start over and the cost of your purchase will be re-calculated. If no months are indicated, your calculation will be prepared including all months you are eligible to purchase. Approximate service dates of month and year should also be provided.

Cadet Service

of months to purchase _____
Service From: _____ Service To: _____

Pre-Membership Military Service (must provide DD-214)

of months to purchase _____
Service From: _____ Service To: _____

Forfeited Service (Prior City of Austin Police Retirement System Service)

of months to purchase _____
Service From: _____ Service To: _____

Permissive Service

of months to purchase _____

By signing below, I verify that the above information is true and correct. I also understand that all calculations are subject to audit and correction. Furthermore, I understand that if my request is received after the 25th of the month, an estimate will be calculated using the next month's purchase cost.

Member Signature

Date