SAN JOAQUIN COUNTY
EMPLOYEES' RETIREMENT ASSOCIATION

Received box - SJCERA Staff use only

SERVICE CREDIT PURCHASE REQUEST

IMPORTANT: Fully complete and return this form to **SJCERA at contactus@sjcera.org** or **220 E. Channel Street, Stockton, CA 95202.** If an incomplete form is returned, a delay in services may occur.

SECTION 1: CONTACT INFORMATION

Full Name: _____ DOB: _____

SSN or Member ID: _____ Phone: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Email: _____

SECTION 2: SERVICE CREDIT PURCHASE TYPE

☐ **Medical Leave of Absence while a Member of SJCERA** Proof of Medical LOA for yourself must be submitted with this form.

☐ **Previous County Service** (Temporary, Part-Time, Seasonal, Contract Time)

☐ **Redeposit of Withdrawn SJCERA Contributions**

☐ **Military/Merchant Marine Service** Requests to purchase prior military service, please attach Form DD214 and the Certification of Lack of Eligibility form stating you are not entitled to a retirement for this period of time.

☐ **Prior Public Agency Service (PPAS)** PPAS time does not count toward meeting the minimum service credit requirement for retirement or death benefits. A letter from the former agency stating the dates and hours worked and that contributions were refunded to yourself must be submitted with this form.

Period of Time: From _____ to _____

Period of Time: From _____ to _____

SECTION 3: ACKNOWLEDGEMENT

I hereby certify to the best of my knowledge and belief, that I am not entitled to receive credit in any other public retirement system for the service credit purchase above.

Signature: _____ Date: _____

Rev. 09.2026