



**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

**SERVICE CREDIT PURCHASE APPLICATION  
OTHER GOVERNMENTAL SERVICE  
TIER 2**  
This application is for all Military Service and Other Government Service.

Please complete all the questions below (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.

**Employee Name:** \_\_\_\_\_ **Employee Number:** \_\_\_\_\_

\_\_\_\_\_ **Payroll Number** \_\_\_\_\_ **XXX-XX-** \_\_\_\_\_ **Social Security Number** \_\_\_\_\_ **Birth Date** \_\_\_\_\_ **Sex** \_\_\_\_\_

**Address:** \_\_\_\_\_ **Telephone:** \_\_\_\_\_

**Dates of service you are requesting to purchase:** \_\_\_\_\_ to \_\_\_\_\_

**Do you have any other prior employment you wish to purchase?** If yes, list dates. \_\_\_\_\_ to \_\_\_\_\_

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

**Anticipated Retirement Date:** \_\_\_\_\_ (must be first day of the month)

**Current Spouse/Domestic Partner?**  Yes  No If yes, Date of Birth: \_\_\_\_\_

The estimated cost of your purchase will be based on the information you provide in this application.  
***I understand the information provided above will be used to calculate any request(s) to purchase OGS submitted to the Retirement Plan Office. I further understand if any of the information I provided differs at my actual retirement date, the Retirement Plan requires a recalculation of the purchase, which may result in additional cost.***

**Employee Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**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