

# Redeposit or Purchase of Permissive Service Credit

MS 0287 (Rev. 4/09)

# CALSTRS

California State Teachers' Retirement System  
P.O.Box 15275, MS 88  
Sacramento, CA 95851-0275  
800-228-5453  
www.CalSTRS.com

Use this form if you are a CalSTRS member and wish to redeposit an earlier refund, or if you would like to purchase service credit for specific service performed but not credited. See page 3 for list.

Mail this completed form and any required documentation to the address above to initiate the process to determine the actual cost to purchase service credit.

Your request will be verified and you will be billed if you are eligible. You will have 35 days from the bill statement to accept the costs and to make your first payment.

By signing this form you are under no obligation to purchase service credit.

- To purchase service credit earned in another state, use the *Out-of-State or Foreign School Service Credit Certification* form.
- To purchase California public university/state college service credit, use the *Verification for California Public University Service Credit* form.
- To purchase nonqualified service credit, use the *Purchase of Nonqualified Service Credit* form.
- To consolidate your Cash Balance Benefit Program service to purchase Defined Benefit Program service credit, use the *Request To Consolidate Benefits* form. The *Request To Consolidate Benefits* form is available at [www.CalSTRS.com](http://www.CalSTRS.com).

## Section A Member Information

NAME (LAST, FIRST, INITIAL) (INCLUDING ANY PREVIOUS NAMES USED)		CLIENT ID OR SOCIAL SECURITY NUMBER	
ADDRESS (STREET)	(APT #)	DATE OF BIRTH (MM/DD/YYYY)	
CITY	STATE	ZIP CODE	EMAIL ADDRESS
( )	( )		
WORK TELEPHONE	OTHER TELEPHONE NUMBER		
CURRENT EMPLOYER (COUNTY AND SCHOOL DISTRICT)			
<input type="checkbox"/> I plan to retire within the next 12 months _____ (date if known)			

## Section B Redeposits

Are you a member of another California public retirement system?

No       Yes      If yes, name of system \_\_\_\_\_

- I request a billing statement for the cost to redeposit my previously refunded contributions and interest. I would like to purchase \_\_\_\_\_ years of service credit. (If you do not specify the number of years, CalSTRS will process the request for all available years of service.)
- I request a billing statement for the cost to redeposit service credit that was awarded to my former spouse or registered domestic partner as community property. It is my understanding those funds have been refunded to that person.
- I request to purchase my local service credit for service performed prior to 1972 in the Los Angeles Unified School District.

*CalSTRS may require additional eligibility information.*



MS0287

**Redeposit or Purchase of  
Permissive Service Credit** continued

MEMBER'S NAME

CLIENT ID OR SOCIAL SECURITY NUMBER

**Section C Permissive Service Credit**

Type	Time Frame From — To mm/dd/yy — mm/dd/yy	Amount of Service Credit	Comments
<input type="checkbox"/> Nonmember service	—		For example, substitute or part-time service in a California public school system prior to becoming a CalSTRS member.
<input type="checkbox"/> Cash Balance nonmember <i>(Previous CB participants only)</i>	—		If you have previously consolidated your Cash Balance account with your Defined Benefit account and have remaining Cash Balance nonmember service credit available to purchase.
<input type="checkbox"/> Maternity or paternity leave	—		Employer verification is required with this request. The verification must be on the employer's letterhead and identify the time frame and define the leave or absence approved, or use CalSTRS <i>Verification of Employer-Approved Leaves</i> form (SC1553).
<input type="checkbox"/> FMLA-approved leave	—		
<input type="checkbox"/> Sabbatical leave	—		
<input type="checkbox"/> Fulbright leave	—		
<input type="checkbox"/> California Child care center	—		
<input type="checkbox"/> California Native American school	—		
<input type="checkbox"/> California school for the deaf or blind	—		
<input type="checkbox"/> Certain active U.S. military service <i>(Must have membership in CalSTRS prior to joining.)</i>	—		If prior to 1994, military order required (DD214). If after 1994, see your employer.
<input type="checkbox"/> Job Corps <i>(Must have membership in CalSTRS prior to joining.)</i>	—		Must provide Job Corps certification letter. To contact Job Corps, write: U.S. Department of Labor Office of Job Corps 90 7th Street, Suite 12-100 San Francisco, California 94103
<input type="checkbox"/> Peace Corps <i>(Must have membership in CalSTRS prior to joining.)</i>	—		Must provide Peace Corps certification letter. To contact Peace Corps write: Peace Corps Attn: Certifying Officer Volunteer & Staff Payroll Services Division 1111 20th St. NW Washington, DC 20526

**Section D Signature**

**I understand this is not a contract and that my signature does not create any obligation on my part.**



SIGNATURE OF MEMBER

DATE (MM/DD/YYYY)