



APPLICATION TO PURCHASE PUBLIC SERVICE
 (Please submit the original form and retain a copy for yourself)

LAST NAME	FIRST NAME	MIDDLE NAME	OTHER LEGAL/MAIDEN NAME	SOCIAL SECURITY NUMBER XXX-XX-
DEPARTMENT <input type="checkbox"/> LAFD <input type="checkbox"/> LAPD <input type="checkbox"/> HARBOR <input type="checkbox"/> AIRPORT		TELEPHONE	E-MAIL	
ADDRESS (NUMBER AND STREET)		CITY	STATE	ZIP CODE

I understand that the minimum amount of time that can be purchased under the Public Service Purchase (PSP) Program is six months of uninterrupted full-time service with an eligible public entity and that no more than a total of four years of service can be purchased. Service credit with non-governmental agencies supported by government contracts or grants is not eligible for purchase.

I am applying to purchase public service with the following public entity (check/complete as applicable): <input type="checkbox"/> U.S. Government Service <input type="checkbox"/> State/Political Sub Division <input type="checkbox"/> Local Government/Special District				
EMPLOYER NAME	EMPLOYER CONTACT	TELEPHONE		
EMPLOYER ADDRESS (NUMBER AND STREET)	CITY	STATE	ZIP CODE	
Period of employment with this employer:		MONTH	DAY	YEAR
through		MONTH	DAY	YEAR
Is this employer a police agency or a fire suppression agency? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, you can only purchase this service if you were not terminated for cause.				
RETIREMENT SYSTEM DURING CLAIMED PERIOD OF EMPLOYMENT				
RETIREMENT SYSTEM NAME	RETIREMENT SYSTEM CONTACT	TELEPHONE		
RETIREMENT SYSTEM ADDRESS (NUMBER AND STREET)	CITY	STATE	ZIP CODE	
I am receiving or will be entitled to receive benefits for the time I am purchasing. <input type="checkbox"/> Yes <input type="checkbox"/> No				
MEMBER SIGNATURE				
I hereby authorize Los Angeles Fire and Police Pensions to obtain any information concerning my employment and pension benefits which may be required in connection with my application to purchase prior public service.				
MEMBER SIGNATURE: _____			DATE: _____	

Please mail or submit this form in person to:

**Los Angeles Fire and Police Pension
 Attn: Active Member Services**

**701 E. 3rd St., Suite 200
 Los Angeles, CA 90013**

Mail Stop: 390

**Telephone: (844) 88-LAFPP
 (213) 279-3140**

Email: amssection@lafpp.com



**APPLICATION TO PURCHASE PUBLIC SERVICE
 CERTIFICATION OF SERVICE**

LAST NAME	FIRST NAME	MIDDLE NAME	OTHER LEGAL/MAIDEN NAME	SOCIAL SECURITY NUMBER
				XXX-XX-

FOR OFFICIAL USE ONLY:
 (To be completed by the former employer/retirement system)

EMPLOYING AGENCY	DATES EMPLOYED		FULL TIME EMPLOYMENT
NAME	FROM	TO	<input type="checkbox"/> Yes <input type="checkbox"/> No
	/ /	/ /	
NAME	FROM	TO	<input type="checkbox"/> Yes <input type="checkbox"/> No
	/ /	/ /	

Please list all uncompensated leaves of absence and/or period(s) of uncompensated time:

FROM	TO	TYPE/DESCRIPTION
/ /	/ /	
/ /	/ /	
/ /	/ /	

1. Was this individual ever a member of your retirement system? Yes No
 If yes, please check one:
 Contributory Plan Non-Contributory Plan Social Security Other

2. Is this individual eligible to receive retirement benefits from your system now or in the future?
 Yes No
 If yes, please explain in the following space provided. We require this information because our System does not allow a member to purchase service time when that member is entitled to retirement benefits from another retirement system.
 Explanation: _____

3. Has this individual received a refund of his/her contributions and interest? Yes No
 If yes, please provide the date when the refund occurred. **Refund Date:** ____/____/____
 If yes, is this individual still eligible to receive a benefit because of remaining employer contributions or non-contributory funds? Yes No

4. Was this individual terminated for cause? Yes No Information Not Available

CERTIFICATION BY EMPLOYING AGENCY OR RETIREMENT SYSTEM

I hereby certify that the above information is accurate.

SIGNATURE: _____ TITLE: _____
 PRINT NAME: _____ DATE: _____

AGENCY YOU REPRESENT	TELEPHONE	FAX	
AGENCY ADDRESS (NUMBER AND STREET)	CITY	STATE	ZIP CODE



**APPLICATION TO PURCHASE PUBLIC SERVICE
 RETIREMENT ASSUMPTIONS**

LAST NAME	FIRST NAME	MIDDLE NAME	OTHER LEGAL/MAIDEN NAME	SOCIAL SECURITY NUMBER XXX-XX-
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The cost for your public service purchase is based on the information provided below. Prior to your actual date of retirement or DROP entry, a "true-up" or recalculation of the cost for the purchased service will be made. If any of the information changes prior to your actual retirement or DROP entry date, your cost may change and result in a refund to you or monies owed by you to complete the purchase. Please be complete in your responses below.

Expected retirement date/DROP entry date: _____ / _____ / _____
 (Your cost will be calculated based on this date; if you retire or enter DROP on a different date, your cost may change.)

How much time do you wish to purchase? Please check/complete as applicable.
 All the service time that is verified (but not to exceed four years); or,
 Only _____ years _____ days (minimum 6 months; maximum 4 years).

SPOUSE/DOMESTIC PARTNER

Do you have a spouse or domestic partner*? Yes No
 *A domestic partner must be registered with either LAFPP or the State of California, at least one year prior to retirement/DROP entry to qualify for pension benefits. Note: If you get married or register a domestic partner AFTER your initial calculation, your purchase cost may change.

LAST NAME	FIRST NAME	M.I.	DATE OF BIRTH: MONTH / DAY / YEAR
Date of marriage: _____ / _____ / _____			or, Domestic partnership registered on _____ / _____ / _____
with (check one): <input type="checkbox"/> LAFPP <input type="checkbox"/> State of _____			

ELIGIBLE MINOR CHILDREN

Do you have minor children? Yes No
 Minor child: A child or adopted child of a member is considered "minor child" for purposes of receiving a pension benefit until the child reaches the age 18 (or 22 if a full-time student – Tiers 3, 4, 5, and 6) or marries, whichever comes first.

LAST NAME	FIRST NAME	M.I.	DATE OF BIRTH: MONTH / DAY / YEAR
LAST NAME	FIRST NAME	M.I.	DATE OF BIRTH: MONTH / DAY / YEAR
LAST NAME	FIRST NAME	M.I.	DATE OF BIRTH: MONTH / DAY / YEAR

Is the youngest eligible child a full-time student? Yes No

Do you have dependent children? Yes No
 Dependent child: The child of a member who must have become mentally or physically disabled before turning age 21, is not capable of earning a living, or have been subsequently adopted. If the disability has ended, the child is no longer considered dependent for pension purposes.
 Minor/dependent child benefits are subject to approval by the Board of Fire and Police Commissioners.

LAST NAME	FIRST NAME	M.I.	DATE OF BIRTH: MONTH / DAY / YEAR
LAST NAME	FIRST NAME	M.I.	DATE OF BIRTH: MONTH / DAY / YEAR

MEMBER SIGNATURE

Please process my application to purchase public service based upon the information provided above. I understand that my purchase of service under the Public Service Purchase (PSP) Program is governed by the provisions of Los Angeles Administrative Code Section 4.2212 and that it is my responsibility to establish my eligibility to purchase service under this program.

MEMBER SIGNATURE: _____ DATE: _____
 If a change to your retirement assumptions becomes necessary, please go to www.lafpp.com to complete, sign, and submit a new form or contact Active Member Services at (213) 279-3140 to request a change.