



APPLICATION TO PURCHASE MILITARY SERVICE

(Please submit this form along with your original DD 214 in person to Los Angeles Fire & Police Pensions)

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.

I am applying to purchase public service with the following branch of the Armed Forces (complete as applicable):

MILITARY BRANCH:	FROM: MONTH / DAY / YEAR	TO: MONTH / DAY / YEAR
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Please bring your original DD 214 with this form in order to verify this service and an honorable discharge. If you do not have your original DD 214, you must request a certified copy from the Veteran’s Administration. Your original DD 214 will be returned to you upon verification by a staff member at our office.

I am receiving or will be entitled to receive benefits for the time I am purchasing. Yes No

If yes, is this pension payable for Reserve Duty? Yes 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 Pensions
 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
RETIREMENT ASSUMPTIONS

Form with fields: LAST NAME, FIRST NAME, MIDDLE NAME, OTHER LEGAL/MAIDEN NAME, SOCIAL SECURITY NUMBER (XXX-XX-)

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.

Expected retirement date/DROP entry date: MONTH / DAY / YEAR
(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 of 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.

Form with fields: LAST NAME, FIRST NAME, M.I., DATE OF BIRTH: MONTH / DAY / YEAR
Date of marriage: MONTH / DAY / YEAR or, Domestic partnership registered on MONTH / DAY / YEAR
with (check one): [] LAFPP [] State of _____

ELIGIBLE MINOR CHILDREN

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

Form with fields: LAST NAME, FIRST NAME, M.I., DATE OF BIRTH: MONTH / DAY / YEAR (repeated for multiple children)

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 became mentally or physically disabled before turning age 21, is not capable of earning a living, or was 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 Pension Commissioners.

Form with fields: LAST NAME, FIRST NAME, M.I., DATE OF BIRTH: MONTH / DAY / YEAR (repeated for multiple children)

MEMBER SIGNATURE

Please process my application to purchase public service based upon the information provided above. By signing below I acknowledge that I have read, understand, and agree that this purchase of service subject to all provisions of the Public Service Purchase (PSP) Program set forth in Los Angeles Administrative Code Section 4.2212, a copy of which has been provided to me. I also understand 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 http://lafpp.lacity.gov to complete, sign, and submit a new form or contact Active Member Services at (213) 279-3140 to request a change.