

LAST NAME

APPLICATION TO PURCHASE PUBLIC SERVICE

(Please submit the original form and retain a copy for yourself)

OTHER LEGAL/MAIDEN NAME | SOCIAL SECURITY NUMBER

			XXX-XX-				
DEPARTMENT LAFD LAPD HARBOR AIRPORT	TELEPHONE	E-MAIL					
ADRESS (NUMBER AND STREET)	CIT	Y STATE	ZIP CODE				
ADRESS (NOMBER AND STREET)	CIT	JIAIL	ZIF CODE				
I understand that the minimum amount of ti (PSP) Program is six months of uninterrupted than a total of four years of service can be supported by government contracts or grants	full-time service wit purchased. Service	th an eligible public er ce credit with non-go	ntity and that no more				
I am applying to purchase public service with U.S. Government Service State/Polities	cal Sub-Division	lic entity (check/complete Local Governme					
		1.555					
EMPLOYER ADDRESS (NUMBER AND STREET)	CITY	STATE	ZIP CODE				
MONTH DAY YEAR MONTH DAY YEAR Period of employment with this employer: / / through / /							
Is this employer a police agency or a fire suppression agency? \square Yes \square 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 S	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. \Box Yes \Box No							
MEMBER SIGNATURE							
I hereby authorize Los Angeles Fire and employment and pension benefits which ma 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

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APPLICATION TO PURCHASE PUBLIC SERVICE CERTIFICATION OF SERVICE

LAS	Г NAME	FIRST N	NAME		MIDDL	E NAME			OTHER LEGAL/MAIDEN NAME		SOCIAL SECUI	RITY NUMBER
											XXX-XX-	
				EO	D OF	ETCTAL	IICE	ONI	V.			
	FOR OFFICIAL USE ONLY: (To be completed by the former employer/retirement system)											
	EMPLOYIN					TES EM					ME EMPL	OYMENT
NAM				FROM			ТО					
					/	/		/	/	\square Yes	\square No	
NAM	E			FROM	,		ТО					
					/	/		/	/	☐ Yes	□ No	
	ease list all u		nsated l	eaves	of ab	sence	and/	or p	eriod(s)	of uncom	pensated	time:
FRO	М	ТО		TYPE/DES	SCRIPTIO	N						
	/ /	/	/									
FRO	М	TO		TYPE/DES	SCRIPTIO	N						
	/ /	/	/									
FRO	М	TO		TYPE/DES	SCRIPTIO	N						
	/ /	/	/									
1	1. Was this individual ever a member of your retirement system? \square Yes \square No											
				.50. 0.	, our		J C . J ,	000		110		
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 								ıre?			
	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 indiv	idual rece	eived a re	efund d	of his/	her con	tribut	ions	and inter	est? 🗆 Ye	s 🗆 No	
	If yes, please	provide t	the date	when t	he re	fund occ	curre	d.	Refund	Date:	//	
	If yes, is this individual still eligible to receive a benefit because of remaining employer contributions or non-contributory funds? \square Yes \square No											
4.	Was this indi] _{Yes} [J No	□ <u>j</u>	Informati	on Not Ava	ilable	
CERTIFICATION BY EMPLOYING AGENCY OR RETIREMENT SYSTEM												
I hereby certify that the above information is accurate.												
SIGNATURE: TITLE:												
PRIN	PRINT NAME: DATE:											
AGE	NCY YOU REPRESENT				TELEPI	HONE				FAX		
AGE	NCY ADDRESS (NUMBE	R AND STREET))		1	CI	ΓΥ			STATE	ZIP CODE	

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APPLICATION TO PURCHASE PUBLIC SERVICE RETIREMENT ASSUMPTIONS

LAST NAME	FIRST NAME	MIDDLE NAME	OTHER LEG	AL/MAIDEN NAME	SOCIAL S	SECURITY NUMBER	
					XXX-X	ΧX-	
					//// /	<u> </u>	
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 you	ir responses below.	MONTH DA	Y YEAR				
	ent date/DROP entry da alculated based on this date		/		t may cha	ange.)	
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).							
	uays	SPOUSE/DOMESTIC PA	-				
_			KINEK				
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.							
LAST NAME	FIRST NAM	1E	M.I.	DATE OF BIRTH: N	MONTH /	DAY YEAR	
Date of marriage	: MONTH DAY			registered on LAFPP Stat	/_	DAY YEAR	
		ELIGIBLE MINOR CHI	LDREN				
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.							
LAST NAME	FIRST NAM	IE	M.I.	DATE OF BIRTH: N	HTNOM /	DAY YEAR	
LAST NAME	FIRST NAM	IE .	M.I.	DATE OF BIRTH: N	MONTH /	DAY YEAR	
LAST NAME	FIRST NAM	IE .	M.I.	DATE OF BIRTH: N	MONTH /	DAY YEAR	
Is the youngest e	ligible child a full-time s	tudent? 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. LAST NAME FIRST NAME M.I. DATE OF BIRTH: MONTH DAY YEAR							
LAST NAME	FIRST NAM	IE	M.I.	DATE OF BIRTH: N		DAY YEAR	
		MEMBER CICNATU	DE		/		
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 is 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:							
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							

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