

City of Phoenix Employees' Retirement System (COPERS)
 200 W. Washington, 10th Floor
 Phoenix, AZ 85003
 (602) 534-4400
 (602) 495-2008 fax



PLEASE ATTACH \$95 APPLICATION FEE HERE, PAYABLE TO 'COPERS'
 Effective 10/01/10

**REQUEST FOR PRIOR RETIREMENT SERVICE CREDIT
 Job Share Employment and/or Full Time Temp (1982 and Later)**

EMPLOYEE INFORMATION:

TO: City of Phoenix Employees' Retirement System (COPERS) Board
 I request to purchase service credit for the following type(s) of prior City service:

I have previously applied for this service. I have not previously applied for this service.

Should this request be approved, please advise me of any amounts due to purchase this service time.

A. Job Share Employment

From: _____ Through _____

From: _____ Through _____

B. Full-Time Temporary Employment (1982 and after) **excluding Part-Time and non-City Positions.**

From: _____ Through _____

Employee Name _____

Former Names Used _____

Social Security Number _____

AFFIDAVIT

I, _____ being first duly sworn, upon my oath, and as inducement for COPERS to approve the above request, certify the following:

1. I have not received nor am I entitled to receive, either now or in the future, any benefits for the service credits which are the subject of this request.
2. I clearly understand if I was to receive any benefits on account of this service from any governmental agency (excluding Social Security), I and/or my designated survivor (as applicable) shall be liable to COPERS for any pension payments paid, which I/we would not have been eligible to receive had it not been for the purchase of service herein requested.
3. I also understand that if this request is approved by the COPERS' Board I will be advised of amounts due to purchase this service time and that I can make a lump sum payment or request a payment plan.

I hereby authorize City Of Phoenix Employee's Retirement System (COPERS) to obtain any information concerning my employment, as listed above, in connection with my application for purchase of prior service credit.

Employee's Signature	Date	Contact Phone Number

Subscribed and sworn before me on this _____ day of _____, 20_____.

State of _____, County of _____

Notary Public _____ My Commission expires: _____

Identification Used _____

PLEASE RETURN THIS FORM TO COPERS