



Merced County Employees' Retirement Association

PURCHASE OF RETIREMENT SERVICE CREDIT FORM

Name: _____ SSN: _____

Other names used: _____

Department: _____ Date of Birth: _____

Check the box that applies:

- Redeposit of Contributions Previously Withdrawn
- Purchase of Part Time
- Purchase of Leave of Absence (Personal Illness or Military Leave)
- Purchase of Prior Membership

Please note that any Leave of Absence due to personal medical reasons require medical proof upon submission of this form. Military Leave of Absence can only be purchased if leave or resignation was taken while employed with Merced County and you returned to Merced County employment within a year of military separation. Separation must be honorable; a copy of your DD214 must be submitted with this form.

Dates of Above Service: _____

Department where above service was rendered: _____

Remarks: _____

Note: Purchase Estimates may take up to 12 weeks to process depending on order received and pending requests.

Signature: _____ Date: _____

MercedCERA Office use only

Accepted By: _____ Date: _____

Auditor: _____ Date: _____