

SERVICE CREDIT BUYBACK INFORMATION REQUEST

UCRS 169 (R8/04) University of California Human Resources and Benefits

Send form, estimate, and records to:
UC HR/Benefits
Research Unit
P.O. Box 24570
Oakland, CA 94623-1570

Please copy this form for your records.

Use this form to obtain an estimate of your buyback from your Benefits Representative and to request a formal calculation of the cost and resulting benefit of buying back UCRP service credit.

Please note: If, in the review of your records, an error in your UCRP service credit is found, the error will be corrected.

The information you provide must be accurate. You must secure the required payroll/personnel records and a buyback estimate. (Your department or local Benefits Office can help you.)

1. PERSONAL INFORMATION		
NAME (Last, First, Middle Initial)	SOCIAL SECURITY NUMBER	CAMPUS/LAB/MEDICAL CENTER
MAILING ADDRESS (Number, Street)	EMPLOYEE ID NUMBER	HIRE DATE
(City, State, ZIP)	DAYTIME PHONE ()	EFFECTIVE DATE OF CURRENT UCRP MEMBERSHIP (IF KNOWN):

CHECK IF YOU:

- Are currently on leave (you may inquire about past leaves only) Safety member Tier Two member Partial-year career employee
- Have received a formal estimate previously. (In this case, your documentation will still be on file.)
- Need the buyback for vesting. Anticipated layoff date _____. (See your Benefits Representative right away.)

2. APPROVED LEAVE, TRIT, INCOMPLETED TRIP

Covers approved leave without pay/partially paid sabbatical leave/extended sick leave/furlough/temporary layoff, including leaves during the noncontributory plan 02 period (July 1, 1966, through June 30, 1971), as well as Temporary Reduction in Time (TRIT) or incomplete Time Reduction Incentive Plan (TRIP).

Records required: Campus employees: Personnel Action Form (PAF) or other appropriate documentation showing inclusive dates, salary, and appointment rates. Lab employees: Salary history card. TRIP participants: TRIP agreement and pre-TRIP PAF. TRIT participants: TRIT PAF. THESE RECORDS MUST BE ATTACHED. If your location uses online processing, you may submit the equivalent authorized documentation in place of that listed.

TRIT/TRIP participants: In section below, read "leave" as "time reduction."

DATES OF LEAVE (From-To)	APPT. RATE DURING LEAVE (Unpaid %)	NORMAL APPT. RATE	SALARY RATE(S) DURING LEAVE (If rate changed during leave, indicate date of change and all rates.)
	<input type="checkbox"/> Unpaid <input type="checkbox"/> Partially paid: _____ % Unpaid	_____ %	
	<input type="checkbox"/> Unpaid <input type="checkbox"/> Partially paid: _____ % Unpaid	_____ %	

3. REESTABLISH PRIOR UCRP MEMBERSHIP

Covers prior UC service for which you took a refund of your UCRP accumulations.

Records required: Copy of separation form or PAF, refund check stub, or other record, if available.

DATES OF PRIOR MEMBERSHIP (From-To)	NAME(S) UNDER WHICH PREVIOUSLY EMPLOYED	
CAMPUS/LAB/MEDICAL CENTER DURING PRIOR PERIOD	EMPLOYEE ID NUMBER FOR PRIOR PERIOD	PERCENT OF TIME WORKED DURING PRIOR PERIOD
DATE OF REFUND	AMOUNT OF REFUND \$	

4. NONCONTRIBUTORY SERVICE (PLAN 02)

Includes service that began during the period July 1, 1966, through June 30, 1971. For leaves during this period, see SECTION 2, above.

HIRE DATE	DATE UCRP CONTRIBUTIONS BEGAN
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CONTINUED ON BACK—YOUR SIGNATURE REQUIRED

5. CERTIFICATION FOR LEAVES

For leaves that begin July 1, 1997, or later, members are not allowed to accrue service credit for the same period in UCRP and in any other publicly funded defined benefit plan (includes federal, state, city or county retirement systems).

A defined benefit plan is one in which benefits derive from a formula that includes accrued service credit, rather than from contributions/ interest. Making contributions to a defined contribution plan, such as a 401(k) plan, with or without matching employer contributions, does not preclude establishing UCRP service credit.

Your signature below indicates your compliance with the following:

- I certify that
- I did not receive service credit from a publicly funded defined benefit plan during the period of the leave listed in Section 2, or
 - I received service credit from another publicly funded defined benefit plan during the leave listed in Section 2. However, I have received a refund of any employee contributions I may have made to that plan and will not derive a benefit from that plan.

6. SIGNATURE

The information on this form is accurate to the best of my knowledge. I agree to the terms under "Certification for Leaves," above.

EMPLOYEE'S SIGNATURE	DATE
BENEFITS OFFICE REPRESENTATIVE	DATE

PRIVACY NOTIFICATIONS

STATE

The State of California Information Practices Act of 1977 (effective July 1, 1978) requires the University to provide the following information to individuals who are asked to supply information about themselves.

The principal purpose for requesting the information on this form is for payment of earnings and for miscellaneous payroll and personnel matters such as, but not limited to, withholding taxes, benefits administration, and changes in title and pay status. University policy and state and federal statutes authorize the maintenance of this information.

Furnishing all information requested on this form is mandatory—failure to provide such information will delay or may even prevent completion of the action for which the form is being filled out. Information furnished on this form may be used by various University departments for payroll and personnel administration, and will be transmitted to the federal and state governments as required by law.

(B)

Individuals have the right to review their own records in accordance with University personnel policy and collective bargaining agreements. Information on applicable policies and agreements can be obtained from campus or Office of the President Staff and Academic Personnel Offices.

The official responsible for maintaining the information contained on this form is the Associate Vice President—University of California Human Resources and Benefits, 1111 Franklin Street, Oakland, CA 94607-5200.

FEDERAL

Pursuant to the Federal Privacy Act of 1974, you are hereby notified that disclosure of your Social Security number is mandatory. Disclosure of the Social Security number is required pursuant to sections 6011 and 6051 of Subtitle F of the Internal Revenue Code and with Regulation 4, Section 404.1256, Code of Federal Regulations under Section 218, Title II of the Social Security Act, as amended. The Social Security number is used to verify your identity. The principal uses of the number shall be to report (1) state and federal income taxes withheld, (2) Social Security contributions, (3) state unemployment and Workers' Compensation earnings, and (4) earnings and contributions to participating retirement systems.

(BB)