



Request for Federal/Out of State Service Credit Purchase Cost

801 Plum Street Room 240
Cincinnati Ohio 45202
513-352-3227

Date _____

In accordance with the provisions of Section 203-7(B) of the Cincinnati Municipal Code,

I _____, SSN# _____

hereby request a cost statement for the purchase of my prior public service as an employee of the

_____ (Agency Name)

_____ (Agency Address)

_____ (Agency City, State, ZIP)

_____ (Agency Phone #)

that began during _____ (Month/Year) and ended _____ (Month/Year).

I certify that the service credit that I am seeking to purchase has not been used and will not be used in the calculation of any retirement benefit received by me under any other retirement program. I certify that I have been a contributing member of the Cincinnati Retirement System for at least 18 consecutive months.

I understand that the cost statement that I will receive will be time sensitive and payment must be received by the Cincinnati Retirement System by the prescribed date or the cost to purchase will be recalculated to reflect additional interest due. I further understand that the required \$250 application fee is non-refundable and will be applied towards my purchase cost only if I elect to purchase the prior service.

Signed _____

Address _____

City, State, ZIP _____

Daytime Phone # with area code _____