



Request for Prior Cincinnati Retirement System Service Credit Purchase Cost

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

Date _____

In accordance with the provisions of Section 203-21 of the Cincinnati Municipal Code,

I _____, SSN# _____ hereby request
a cost to purchase my prior Cincinnati Retirement System service that began during
_____ (Month/Year) and ended _____ (Month/Year).

I certify that the service credit that I am seeking to purchase from the City of Cincinnati Retirement System 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 understand that cost statement that I will receive will be time sensitive and payment must be received by the Retirement Division by the prescribed date or the cost to purchase will be recalculated to reflect additional interest due.

During the time listed above I was employed by

- City of Cincinnati
- University of Cincinnati
- Hamilton County

**List other names by which you may
have been known here**

Signed _____

Address _____

City State and Zip _____

Daytime Phone # with area code _____