

Buyback or Redeposit Calculation Request

Print your name: _____

Social Security #: _____

Phone #: _____

Anticipated date of retirement or termination of City employment: _____

- Redeposit** (funds withdrawn after last period of employment with the City)
- Portability Redeposit** (funds withdrawn after last period of employment with the City and currently employed by another government employer in this state in a plan with which we have portability)
- Temporary Time** (please indicate time period)
- Initial Six Months of Employment** (for those hired 1988 - 1998)
- Exempt Time** (please indicate time period)
- Military Time** (please indicate time period)
- Family Medical Leave** (please indicate time period)
- Industrial Injury Time** (please indicate time period)
- Other** (please indicate time period and type of time)

Signature _____ Date _____

Seattle City Employees' Retirement System

720 3rd Ave., Suite 900, Seattle, WA, 98104 Telephone: (206) 386-1293, Fax: (206)386-1506