

**SERVICE CREDIT VERIFICATION REQUEST**  
**UNIVERSITY OF CALIFORNIA RETIREMENT SYSTEM (UCRS)**  
 UBEN 132 (R11/21) University of California Retirement Administration Service Center

Send form and copies of records to:  
 UC RASC  
 P.O. Box 24570  
 Oakland, CA 94623-1570

Use this form to request:

- adjustments to your UCRP service credit
- correction of incomplete or incorrect data that could affect your UCRP benefits (service credit, UCRP entry date)
- adjustments to service credit for Savings Choice participants

Please allow 60 to 90 days for a response to this request. Note that any service credit errors found in reviewing your records will be corrected.

For information about UCRP service credit purchase for leaves or for previous UCRP membership for which you received a refund of your contributions, see the *UCRP Service Credit Purchase Guide*. Membership corrections involving date of birth changes should be made through UCPath for active employees and UCRAYS for former employees.

PERSONAL INFORMATION		
NAME (Last, First, Middle Initial)	SOCIAL SECURITY NUMBER OR ALTERNATE ID NUMBER	BIRTHDATE
MAILING ADDRESS (Number, Street)	CAMPUS/LAB/MEDICAL CENTER	HIRE DATE
(City, State, ZIP)	DAYTIME PHONE (       )	EMAIL
FORMER NAME(S), if any		

CHECK IF YOU ARE:

Currently on leave   
  Tier Two member   
  Safety member   
  Partial-year career employee   
  Leaving UC employment

**TYPE OF ADJUSTMENT/DOCUMENTATION REQUIRED**

You must provide documentation for the type of adjustment you are requesting, as listed below. Please send a copy of the record, rather than the original document.

TYPE OF ADJUSTMENT	REQUIRED DOCUMENTATION—Submit copies of:
<input type="checkbox"/> Service Credit Adjustment	
Incorrect service credit .....	▶ Appropriate Appointment/Employment History Records or <i>PAF/PAN</i> , and Record of Earnings or Salary History
Completed service credit purchase .....	▶ Evidence of payment (copy of cancelled check or paycheck stub showing payroll deductions)
Completed TRIP agreement .....	▶ Original TRIP agreement and pre-TRIP <i>PAF/PAN</i>
Completed military leave .....	▶ Military service discharge papers, Appointment History detail, and Leave of Absence History
Previous UCRP membership (if you did <b>not</b> receive a refund of UCRP accumulations) .....	▶ Appointment History and Record of Earnings, or <i>PAF/PAN</i> and <i>salary history card</i>
<input type="checkbox"/> Incorrect UCRP entry date .....	▶ Your entering employment form, <i>PAF/PAN</i> and/or <i>salary history card</i> and your Record of Earnings

**EXPLANATION OF ADJUSTMENT**

Please explain the nature of the adjustment you are requesting:

Dates of service involved in the adjustment (if applicable): \_\_\_\_\_

SIGNATURE		
SIGNATURE	DATE	
BENEFITS REPRESENTATIVE'S NAME	BENEFITS REPRESENTATIVE'S SIGNATURE	BENEFITS REPRESENTATIVE'S PHONE (       )

RETN: Pending

**SEE REVERSE FOR PRIVACY NOTIFICATIONS**

## 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 information on this form, including your Social Security number, is to verify your identity, and/or for benefits administration, and/or for federal and state income tax reporting. 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 transmitted to the federal and state governments when required by law.

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 Vice President—University of California Human Resources, 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. The University's record keeping system was established prior to January 1, 1975 under the authority of The Regents of the University of California under Article IX, Section 9 of the California Constitution. The principal uses of your Social Security number shall be for state tax and federal income tax (under Internal Revenue Code sections 6011, 6051 and 6059) reporting, and/or for benefits administration, and/or to verify your identity.