

SERVICE CREDIT VERIFICATION REQUEST
UNIVERSITY OF CALIFORNIA RETIREMENT PLAN
UBEN 132 (R6/08) University of California Human Resources and Benefits

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

Please bring this form to your local Benefits Office for assistance with the required documentation and to have a Benefits Representative review the form. A Benefits Representative signature is required (see below).

Use this form to request

- service credit adjustments that do not require payment (see below)
- correction of incomplete or incorrect data that could affect your UCRP benefits (service credit, UCRP entry date, your birthdate)
- completion of your buyback in one lump-sum, after-tax payment (applies only if you are leaving UC employment and have already made buyback payments for at least one year)

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 service credit buyback for leaves or for previous UCRP membership for which you received a refund of your contributions, see *The UCRP Buyback Booklet*.

PERSONAL INFORMATION		
NAME (Last, First, Middle Initial)	SOCIAL SECURITY NUMBER OR ALTERNATE ID NUMBER	BIRTHDATE
MAILING ADDRESS (Number, Street)	CAMPUS/LAB	HIRE DATE
(City, State, ZIP)	DAYTIME PHONE ()	EFFECTIVE DATE OF CURRENT UCRP MEMBERSHIP (IF KNOWN)
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. If your location uses online processing, you may submit the equivalent authorized documentation instead of the *Personnel Action Form (PAF)* (for campus employees) and Record of Earnings (ROE) (for campus employees) or *salary history card* (for laboratory employees).

TYPE OF ADJUSTMENT

REQUIRED DOCUMENTATION—Submit copies of:

- | | |
|---|--|
| <input type="checkbox"/> Service Credit Adjustment | |
| Incorrect service credit | ▶ Appropriate Employment History Records or PAF, and Earnings Records or Salary History |
| Completed buyback | ▶ Evidence of payment (copy of cancelled check or paycheck stub showing payroll deductions) |
| Completed TRIP agreement | ▶ Original TRIP agreement and pre-TRIP <i>PAF</i> |
| Completed military leave | ▶ Military service discharge papers and <i>PAF</i> or <i>salary history card</i> showing dates of leave |
| Previous UCRP membership (if you did not receive a refund of UCRP accumulations) | ▶ Appropriate earnings records, <i>PAF</i> and/or <i>salary history card</i> |
| <input type="checkbox"/> Incorrect UCRP entry date | ▶ Your entering employment form, <i>PAF</i> and/or <i>salary history card</i> and your earnings records |
| <input type="checkbox"/> Incorrect birthdate | ▶ Birth evidence (copy of birth certificate or passport) (Submit birthdate corrections to your Payroll Office also.) |
| <input type="checkbox"/> Lump-sum payment to complete buyback | ▶ Evidence of proposed separation from service showing date of separation |

EXPLANATION OF ADJUSTMENT

Please explain the nature of the adjustment you are requesting:

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

SIGNATURE		DATE
SIGNATURE		
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 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. 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 1X, 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.