



Kansas City Police Employees' Retirement Systems

Civilian Plan

Service Purchase Request Form:

Name: _____ **Serial Number:** _____

Service purchase estimates are only good for a period of 30 days and are subject to recalculation if the criteria used to calculate the estimate changes before the purchase is complete.

Please select the type of service time you are eligible to purchase. If you are only requesting an estimate for a specific period of time, please note that by the type of time you are requesting to purchase.

___ Probationary Time

___ Other Outside Service Time: Must be full time non-Federal Government employment within the State of Missouri and the member must not be entitled to retirement benefits from another system for this time.

Service Was With _____

Approximate Employment Dates _____

___ Prior Membership Time in the Civilian Employee's Retirement System of the Police Department of Kansas City, MO

___ 2 Years of Prior Active Duty Military Time