



P: 650-599-1234 | E: [samcera@samcera.org](mailto:samcera@samcera.org) | [www.samcera.gov](http://www.samcera.gov)

## Service Purchase Schedule

### Submit This Form:

Mail: 100 Marine Parkway, Suite 125  
Redwood City, CA 94065

Online: [www.mysamcera.gov](http://www.mysamcera.gov)

Fax: (650) 591-1488

### 2026 SERVICE PURCHASE SCHEDULE

**There are two separate periods of time during 2026 to make service purchases.**

Depending on your circumstances, you may be eligible to purchase service credit that can count toward your total years of service and may increase your retirement benefit.

Purchase Request forms may be submitted for the purchase of Extra Help time, Plan 3, and Plan 5 service upgrades, certain military leave, unpaid sick leave, and parental leave. Returning SamCERA members can also make a Purchase Request for a redeposit of withdrawn funds.

SamCERA members have two separate periods of time during 2026 to make service purchases. The process starts when the member submits a Purchase Request form.

#### First Period

- SamCERA begins processing Purchase Request forms: February 2, 2026
- Deadline to submit Purchase Request Form: April 30, 2026
- Deadline for all money to be received by SamCERA with agreement: June 4, 2026

#### Second Period

- SamCERA begins processing Purchase Request forms: August 3, 2026
- Deadline to submit Purchase Request Form: October 29, 2026
- Deadline for all money to be received by SamCERA with agreement: December 3, 2026

You can find a copy of the SamCERA Purchase Request form on the SamCERA forms page.

Contact SamCERA at [samcera@samcera.org](mailto:samcera@samcera.org) for more information about service purchases.

### Empower (formerly known as Mass Mutual) Plan-to-Plan Transfer

If you wish to use your 457 funds to purchase service credits, the 2026 deadlines to submit the Empower Plan-to-Plan Transfer form to San Mateo County Human Resources are:

- May 22, 2026, by 12:00 PM (Pacific Time)
- November 20, 2026, by 12:00 PM (Pacific Time)

For more information about an Empower Plan-to-Plan transfer, please contact [benefits@smcgov.org](mailto:benefits@smcgov.org).



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## Service Purchase/Redeposit/Plan Upgrade

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Redwood City, CA 94065

Online: [www.mysamcera.gov](http://www.mysamcera.gov)

Fax: (650) 591-1488

### Member Information

Last Name	First Name	Middle Initial
Employee ID	Please provide a <b>Phone Number or Email Address</b> in case we need to contact you.	

**IMPORTANT:** Visit [www.samcera.gov](http://www.samcera.gov) for current processing times, dates, and deadlines.

### Authorization for Request

I am a current active member of SamCERA and am requesting a cost estimate. After I receive the cost estimate, if I decide to proceed with the purchase, I will submit a completed purchase agreement form to SamCERA. I understand 1) reciprocity may affect the cost estimate, 2) my eligibility for reciprocity may be affected if I purchase extra-help time, and 3) it is my responsibility to speak with SamCERA staff about reciprocity eligibility before submitting this request.

**Indicate which item(s) you would like a cost estimate for by checking the boxes below:**

- ☐ **Extra Help/Limited Term Service Purchase:** I worked an Extra Help or Limited Term position for a SamCERA-covered employer prior to my membership. *Please provide the dates:*
- From (date)  To (date)
- ☐ **Redeposit:** I was previously employed by a SamCERA employer and withdrew my prior SamCERA contributions **OR** my former spouse withdrew a community share of contributions, and I want to redeposit the contributions plus interest.
- ☐ **Plan 3 Service Upgrade:** I am currently in contributory Plan 2 or Plan 4, and I am interested in upgrading my prior non-contributory Plan 3 service credit.
- ☐ **Plan 5 Service Upgrade:** I am currently in contributory General Plan 5, I have 10 years of service credit (not counting reciprocal service or extra-help/limited term service purchases), and I am interested in transferring to General Plan 4.
- ☐ **Medical Leave:** I have returned to active employment after an employer approved unpaid leave of absence because of my illness or the illness of an immediate family member. I am interested in purchasing the time I was on medical leave. *(Attach a note from the doctor reflecting the dates of your leave.)*
- ☐ **Parental Leave:** I have returned from an employer approved unpaid leave of absence because of my maternity or paternity leave that commenced on or after March 23, 2021. I have returned to active employment for a time period that is equal to or more than my parental leave. *(Attach a note from your employer reflecting the dates of your approved leave.)*
- ☐ **Military Leave:** I have returned to active employment after a leave of absence because of military service, and I am interested in purchasing this time. *(Attach a copy of your DD214 showing the dates of your service.)*

Signature	Date
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**Note: The requested cost estimate will be mailed to the address on file on your account.**