



City of Tacoma
Tacoma Employees' Retirement System (TERS)
3628 S. 35th St., Tacoma, WA 98409 • P.O. Box 11007, Tacoma, WA 98411

Office: (253) 502-8200
Fax: (253) 502-8660
Email: TERSretirement@tacoma.gov

BUYBACK / REPAYMENT ESTIMATE REQUEST

Please complete this form if you would like to repay previously withdrawn contributions OR buyback eligible service credit equal to the length of member's military service for active duty or active training duty.

One of the following criteria must apply:

- Reemployed with the City of Tacoma, Tacoma Pierce County Health Department, Tacoma Public Library, Pierce Transit, or South Sound 911 (fka LESA) within five years of rehire date.
- Employed and participating member of a public retirement plan within Washington State within two years of hire date:
 - Department of Retirement Systems: PERS, SERS, TRS, WSPRS, and LEOFF 2.
 - First Class Cities: City of Seattle OR City of Spokane
- Reestablished employment with the City of Tacoma within 90 days after being honorably released from military service, not to exceed five years.

MEMBER INFORMATION			Control No.:
First Name	MI	Last Name	Member/Employee Number
Projected Repayment Date(s) (First of the month only)	1)		2)
Eligibility Criteria: (Check one)	<input type="checkbox"/> Rehired <input type="checkbox"/> Portability <input type="checkbox"/> Military (provide form DD214)		
PORTABILITY OR DUAL MEMBERSHIP IN WASHINGTON STATE <i>RCW Chapter 41.54 – provides for portability of public pension benefits between eligible plans.</i>			
I am a member of the following retirement systems (check any that apply)			
<u>Department of Retirement Systems (DRS)</u>		<u>First Class Cities</u>	
<input type="checkbox"/> Teachers' Retirement System (TRS)		<input type="checkbox"/> Seattle	
<input type="checkbox"/> Public Employees' Retirement System (PERS)		<input type="checkbox"/> Spokane	
<input type="checkbox"/> Washington School Employees' Retirement System (SERS)			
<input type="checkbox"/> Washington State Patrol Retirement System (WSPRS)			
<input type="checkbox"/> Law Enforcement Officers/Fire Fighters Retirement System (LEOFF 2)			

Signature: _____

Date: _____

Send my estimate(s) to one of the following:

☐ Address: _____

☐ Email: _____ ☐ Phone (I will Pick up): _____

☐ City Interoffice/Mail Stop: _____