



## PURCHASE OF SERVICE COST REQUEST

DENVER EMPLOYEES RETIREMENT PLAN  
777 Pearl Street  
Denver, Colorado 80203-3717

Phone:(303) 839-5419 Fax:(303)839-9525  
e-mail: mbrsvs@derp.org

PLEASE PRINT OR TYPE

---

Name: \_\_\_\_\_ File Number: \_\_\_\_\_  
*(First Name, Middle Initial, Last Name)*

Home address: \_\_\_\_\_  
*(Street, Avenue, Road, P.O. Box, etc.)*

\_\_\_\_\_  
*(City, State, ZIP)*

Telephone Number: Home: (\_\_\_\_) \_\_\_\_\_

SSN: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

---

I am an active vested member of Denver Employees Retirement Plan. I hereby authorize and request Denver Employees Retirement Plan to calculate the current cost for me to purchase permissive service credits. This cost will remain in effect until my next birth month. This request does not obligate me to purchase service credits but it gives me information on which to base my decision.

Member Signature: \_\_\_\_\_ Date: \_\_\_\_\_