



**Request for Prior Cincinnati Retirement System Service Credit Purchase Cost**

801 Plum Street Room 328  
Cincinnati Ohio 45202  
513-352-3227

Date \_\_\_\_\_

In accordance with the provisions of Section 230.29 of the Cincinnati Municipal Code,

I \_\_\_\_\_, SSN# \_\_\_\_\_ hereby request  
a cost to purchase my prior Cincinnati Retirement System service that began during  
\_\_\_\_\_ (Month/Year) and ended \_\_\_\_\_ (Month/Year).

I certify that the service credit that I am seeking to purchase from the City of Cincinnati Retirement System has not been used and will not be used in the calculation of any retirement benefit received by me under any other retirement program. I have been a contributing member of the Cincinnati Retirement System for at least 18 months since my most recent date of employment.

I understand that cost statement that I will receive will be time sensitive and payment must be received by the Retirement Division by the prescribed date or the cost to purchase will be recalculated to reflect additional interest due.

**During the time listed above I was employed by**

- City of Cincinnati
- University of Cincinnati
- Hamilton County

**List other names by which you may  
have been known here**

\_\_\_\_\_

Signed \_\_\_\_\_

Address \_\_\_\_\_

City State and Zip \_\_\_\_\_

Daytime Phone # with area code \_\_\_\_\_