

**SERVICE CREDIT PURCHASE
NON-GOVERNMENTAL AFFIDAVIT**

Name: _____
First, Middle Initial, Last

DERP ID: _____

Address: _____
Street, City, State, Zip

SSN: _____
Last 4 Digits

Primary Phone Number: _____

DOB: _____

Email Address: _____

Gender: M / F

I am a vested member of the Denver Employees Retirement Plan (DERP) and an active employee of the City and County of Denver, DHHA, or other covered employer. It is my intention to purchase _____ months of non-governmental service. I understand the maximum amount of non-governmental service I am allowed to purchase is sixty (60) months. By signing this affidavit, I hereby swear and affirm that the non-governmental service I am purchasing is for service for which I am not and will not be entitled to a pension or retirement benefit from any other employer or pension plan.

I declare under penalty of perjury of the laws of the United States of America and the State of Colorado that the foregoing is true and correct.

Signature: _____

Date: _____