



# The Retirement Board of the Policemen's Annuity and Benefit Fund of Chicago

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(312) 744-3891 www.chipabf.org

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## Application for Credit for Other Service Pursuant to 40 ILCS 5/5-214

Please submit the following documents to [benefits@chipabf.org](mailto:benefits@chipabf.org):

1. **Completed/Signed** application for credit for other service 40 ILCS 5/5-214 (below).
2. Verification of Employment from previous/other employer including **Position / Title**, a job description if needed to describe job requirements, and **effective dates** of employment.
3. Verification from previous/other **Pension Fund** - of Pension Withdrawal or non-participation. Note: Cook County Correctional Officers and Cook County Deputy Sheriffs do **NOT** need to provide this document.

DATE \_\_\_\_\_

NAME \_\_\_\_\_

Current Unit of Assignment \_\_\_\_\_ Appointment to CPD \_\_\_\_\_

LAST FOUR DIGITS OF SOCIAL SECURITY # XXX-XX-\_\_\_\_\_

I \_\_\_\_\_ am requesting approval from the Board of the Policemen's Annuity and  
(Name)

Benefit Fund of Chicago to purchase my service with \_\_\_\_\_ as a  
(Previous Employer)

\_\_\_\_\_. I was employed from \_\_\_\_\_ to \_\_\_\_\_.  
(Job Title) (Start Date) (Termination Date)

I understand that if my application is approved by the Board of Trustees, staff will contact me to provide me with the amount due for this service. I understand that if approved for this credit, I will be allowed, at my determination, to purchase this service in full before my date of termination with the Chicago Police Department.

SIGNATURE OF MEMBER \_\_\_\_\_

ADDRESS: \_\_\_\_\_ Chicago, Illinois 606 \_\_\_\_\_

PHONE # \_\_\_\_\_

ALTERNATE PHONE # \_\_\_\_\_

### FOR OFFICE USE ONLY

DATE APPROVED BY BOARD \_\_\_\_\_