



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

221 North LaSalle St – Suite 1626, Chicago, IL 60601
Office: (312) 744-3891 Website: www.chipabf.org

**POLICEMEN'S ANNUITY AND BENEFIT FUND OF CHICAGO
PORTABILITY OF PRIOR MILITARY SERVICE**

DATE _____

NAME _____
(please print)

CURRENT UNIT OF ASSIGNMENT _____

LAST FOUR DIGITS OF SOCIAL SECURITY # XXX-XX-_____

Please provide the information requested below, as required under the Illinois Pension Code and attach copies of your DD-214(s) as supporting documentation.

ARMED SERVICES BRANCH ENLISTMENT DATE DISCHARGE DATE

1.

2.

3.

I understand that once my application is approved by the Board of Trustees, staff will contact me to begin the calculation process in accordance with the law. I understand that if approved for this credit, I will be allowed, at my determination, to purchase **up to 2 full years of service**. I also understand that the amount due in full must be paid prior to retirement.

TOTAL PERIOD OF SERVICE REQUESTED _____

SIGNATURE OF MEMBER _____

ADDRESS: _____
Chicago, Illinois 606_____

PHONE # _____

ALTERNATE PHONE # _____

FOR OFFICE USE ONLY

DATE APPROVED BY BOARD _____