



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

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

Application for Police Pension Service Credit

- **40 ILCS 5/5-214: Credit for other service**
- **40 ILCS 5/5-214.2: Credit for certain law enforcement service**

DATE _____

LAST FOUR DIGITS OF SSN XXX-XX-_____

Date of CPD Appointment _____

I, _____, hereby make this request pursuant to the applicable
(Name)

provisions of 40 ILCS 5/5-214 (Credit for other service) and/or 40 ILCS 5/5-214.2 (Credit for certain law enforcement service) (Check All That Apply), and seek approval from the Retirement Board of the Policemen's Annuity and Benefit Fund of Chicago to purchase police pension service credit during the time period ____ / ____ / ____ to ____ / ____ / ____ at which time I was employed as a
(Date – MM/DD/YYYY) (Date – MM/DD/YYYY)

_____ with the _____
(Job Title/Position) (Name of Previous/Other Employer)

*Please be advised, the applicable statutory provisions: (i) limit the total amount of police pension service credit which may purchased, if approved by the Retirement Board, at up to ten (10) years in six (6) month increments (re: 40 ILCS 5/5-214.2); and (ii) does not authorize the purchase of incremental / partial time periods (i.e., the entirety (ALL) of the other service for which you were employed as indicated herein shall be purchased), if approved by the Retirement Board (re: 40 ILCS 5/5-214).

ACKNOWLEDGEMENT:

I hereby understand and acknowledge the Retirement Board, without the need for a full evidentiary hearing, may render a final decision on my application based upon the information contained in this Application and any documentation submitted in support thereto. If, however, I desire a full evidentiary hearing before the Retirement Board, I must request one in writing **PRIOR** to the Retirement Board rendering a final decision, otherwise I shall be deemed to have waived my right to such hearing.

I hereby certify the information contained herein is true and accurate, and acknowledge my understanding of the applicable provisions of 40 ILCS 5/1-135 which in part provides criminal penalty (Class 3 felony) for "any person who knowingly makes any false statement or falsifies or permits to be falsified any record of a retirement system or pension fund * * * in an attempt to defraud the retirement system or pension fund."

SIGNATURE: _____

ADDRESS: _____ **Chicago, Illinois 606** _____

PHONE #: _____

EMAIL: _____

*****PLEASE BE ADVISED:** As a condition precedent to consideration of your request by the Retirement Board, the following must be submitted to benefits@chipabf.org:

1. This Application, fully completed and signed.
2. All documentation you believe supports your Application.
3. Verification of employment from previous/other employer, including job position/title.
4. Job description applicable during your prior employment dates, if available, that describes the specific job duties and responsibilities of the prior job title/position.
5. Verification from previous/other pension fund of pension withdrawal or of non-participation.

- Note: Cook County Correctional Officers and Cook County Deputy Sheriffs do NOT need to provide this verification.