



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 5/5-214.3: Credit for military service
\*\*PRIOR TO CPD APPOINTMENT\*\*

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 5/5-214.3 (Credit for military service), 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 following time periods of service in the military, naval, or air forces of the United States:

Table with 3 columns: ARMED SERVICES BRANCH, ENLISTMENT DATE, DISCHARGE DATE

\*Please be advised, the applicable statutory provisions limit the total amount of police pension service
credit which may purchased, if approved by the Retirement Board, at two (2) years.

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. Certificate of Release or Discharge from Active Duty (DD Form 214(s)) [for active-duty time] or
Statement of Retirement Points [for reservist time] which verifies your proof of military service
applied for herein.