



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 5/5-212: Computation of 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 5/5-212 (Computation of 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 at which time I was [] on a leave of absence from the Chicago Police Department and engaged in the military or naval service of the United States of America and/or [] engaged in the military or naval service of the United States of America, during which time I was passed over on any eligible list posted from an entrance examination, due to the fact that I was in such military or naval service at the time I was called for appointment to the Chicago Police Department. (Check All That Apply):

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

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. Documentation from the City of Chicago/CPD Human Resources Department:
a. Complete work history (request from: CHIPPSHR@cityofchicago.org), and
b. Email verification confirming the information provided in this Application (request from: alicia.martin@chicagopolice.org).