



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 or while on LOA

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 while on leave of absence or certain other services 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 ____/____/____
(Date - MM/DD/YYYY) (Date - MM/DD/YYYY)

at which time I was employed as a _____
(Job Title/Position)

With _____
(Name of Previous/Other Employer)

ACKNOWLEDGEMENT:

The applicable statutory provisions do 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). Please note the Pension Code (40 ILCS 5/5-1 et.seq) does
not allow for partial refunds or for refunds relating to monies contributed for prior service credit.

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. The Retirement Board's decision will be a final administrative
decision subject to the Illinois Administrative Review Law (735 ILCS 5/1 et. seq).

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: _____

BE ADVISED: As a condition precedent to consideration of your request by the Retirement Board,
the following items must be submitted to calculations@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.