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:

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 rending 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.