HOFFMAN ESTATES FIREFIGHTERS' PENSION FUND APPLICATION FOR MILTARY SERVICE CREDIT

If you wish to claim creditable service for <u>active</u> military service, please complete the following form and provide the requested documentation.

| Name: | | Date: | |
|--|--|---|---|
| months of service in the military, employment by a municipality or employee contributions that would h ii) an amount determined by the fu | naval, or air force fire protection distr have been required and to be equal to the reest at the rate of | s of the Unitict as a fire had the servine employer's 6% per year | tablish creditable service for up to 24 ted States that was served prior to fighter. Requires payment of (i) the ice been rendered as a member, plus s normal cost of the benefits accrued, compounded annually from the first nd (ii). |
| PREVIOUS MILITARY SERVICE | | | |
| Have you served active duty in a bra | anch of the military | prior to your s | service as a firefighter? Yes [] No [] |
| f you have such previous service(s necessary): |), please provide th | e following ir | formation (attach additional sheets, |
| Military Service History: | | | |
| Branch of Service: | | | _ |
| Dates of Service: | until | | |
| Total Service Time: | | | |
| Discharge Type: Honorable | Dishonorable | General | Hardship |
| Military Service History: | | | |
| Branch of Service: | | | _ |
| Dates of Service: | until | | |
| Total Service Time: | | | |
| Discharge Type: Honorable | Dishonorable | General | Hardship |
| Include a copy of all DD214's fo | r military service li | sted above. | |
| Print Name | | | Signature of Applicant |
| | | | |
| Address | | City | , State, and Zip Code |
| Phone Number | | Social Security Number | |

| FOR BOARD USE ONLY | |
|--------------------|---|
| Received by | on (date) |
| | Signature |
| | duly presented and considered by the Board of Trustees of on Fund, the same is hereby Approved/Rejected (circle |
| one) this day of | |
| | BOARD OF TRUSTEES OF THE HOFFMAN ESTATES FIREFIGHTERS' PENSION FUND |
| | By: President |
| | By: Secretary |