

**DES PLAINES FIREFIGHTERS' PENSION FUND
INITIAL REQUEST/INQUIRY AS TO RECIRPROCITY (COMBINE ARTICLE 4 SERVICE),
MILITARY SERVICE PUCHASES, ARTICLE 4 SERVICE TRANSFERS,
AND/OR RETIREMENT PENSION BENEFIT ESTIMATES**

FULL NAME: _____

DATE OF PROBATIONARY EMPLOYMENT: _____

DATE OF REGULAR EMPLOYMENT: _____

CURRENT EMPLOYMENT STATUS: _____

CURRENT/FORMER RANK: _____

CURRENT SALARY/FORMER SALARY: _____

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I _____, AM HEREBY SUBMITTING AN INITIAL REQUEST TO RECEIVE ADDITIONAL INFORMATION/CALCULATIONS WITH RESPECT TO:

_____ COMBINING ARTICLE 4 CREDITABLE SERVICE TIME (RECIRPROCITY)
40 ILCS 5/4-109.(3)

_____ PURCHASING MILITARY SERVICE SERVED PRIOR TO EMPLOYMENT
40 ILCS 5/4-108.5

_____ TRANSFERING CITY OF DES PLAINES FIREFIIGHTERS' PENSION FUND
CREDITABLE SERVICE TIME (ARTICLE 4) TO THE CHICAGO FIREMEN'S ANNUITY
AND BENEFIT FUND (ARTICLE 6) (EFFECTIVE ONLY BETWEEN 11/9/17-5/9/18)
PA 100-0544 (HB0688)

_____ TRANSFERING CITY OF DES PLAINES POLICE PENSION FUND SERVICE TIME
(ARTICLE 3) TO THE CITY OF DES PLAINES FIREFIGHTERS' PENSION FUND
(EFFECTIVE ONLY BETWEEN 11/9/17-5/9/18)
PA 100-0544 (HB0688)

_____ RECEIVING AN ESTIMATE FOR RETIREMENT PENSION BENEFITS

I UNDERSTAND THAT IN ACCORDANCE WITH THIS INITIAL REQUEST I WILL BE REQUIRED TO FILL OUT SUPPLEMENTARY MATERIALS RELATING TO MY REQUEST AND AM WILLING TO COOPERATE THE PENSION BOARD WITH RESPECT TO THE SAME.

_____ (INITIAL)

I UNDERSTAND IN ORDER TO FORMALLY EFFECTUATE ANY REQUESTS FOR RECIPROCITY, MILITARY SERVICE PURCHASE, AND/OR CREDITABLE SERVICE TRANSFERS I WILL NEED TO SUBMIT A LETTER OF IRREVOCABLE INTENT ONCE I HAVE HAD THE OPPORTUNITY TO REVIEW ALL NECESSARY CALCULATIONS.

_____ (INITIAL)

DATE

SIGNATURE OF APPLICANT

SOCIAL SECURITY NUMBER

PRINT NAME

ADDRESS

E-MAIL ADDRESS

DAY TIME PHONE NUMBER

FOR BOARD USE ONLY:

DATE RECEIVED: _____

RECEIVED BY: _____

SIGNATURE: _____