

**FORM A
VILLAGE OF HAMPSHIRE
POLICE PENSION FUND
APPLICATION FOR MEMBERSHIP**

I hereby make application for membership in the Village of Hampshire Police Pension Fund of the Village of Hampshire Police Department under the terms and provisions of Article 3 of the Illinois Pension Code (40 ILCS 5/3-101 *et seq.*) and other applicable law. In addition, I have completed the Village of Hampshire Police Pension Fund Background Information Form (**Form B**), and it is attached hereto and made a part hereof.

I was appointed to the Village of Hampshire Police Department on the _____ day of _____, _____, and have served in the Department since that date.

PREVIOUS ARTICLE 3 PENSION FUND PARTICIPATION

Have you previously served as a Police Officer in an Illinois Police department or Police protection district for at least one (1) year and been a member in another Article 3 pension fund? Yes [☐] No [☐]

Any Police Officer hired on or after July 1, 2004, must, within twenty-one (21) months of being hired, notify the following of his or her intent to combine creditable service from multiple Article 3 pension funds:

- (1) the Fund;
- (2) the Village;
- (3) all previous Police departments or Police protection districts at which he or she was employed and a member of an Article 3 pension fund; and
- (4) the Public Pension Division of the Division of Insurance, Illinois Department of Financial & Professional Regulation. If you have such previous service(s), please provide the following information (attach additional sheets, if necessary):

Police Protection District/Police Department: _____

Pension Fund Contact Person: _____

Address: _____

Phone Number: _____

Date of Hire: _____ Date of Termination: _____

Dates of Membership in Fund: _____, _____ years, _____ months

Ending pensionable salary with Police Protection District/Department: \$ _____

Did you receive a refund of contributions from that pension fund? Yes [☐] No [☐]

If yes, please indicate the amount of refund (gross): _____ Date of Refund: _____

Police Protection District/Police Department: _____

Pension Fund Contact Person: _____

Address: _____

Phone Number: _____

Date of Hire: _____ Date of Termination: _____

Dates of Membership in Fund: _____, _____ years, _____ months

Ending pensionable salary with Police Protection District/Department: \$ _____

Did you receive a refund of contributions from that pension fund? Yes [] No []

If yes, please indicate the amount of refund (gross): _____ Date of Refund: _____

If it is your intention to combine creditable service from multiple Article 4 pension funds, please also complete **Form T** regarding the creditable service claim and payment for the Article 4 service credit.

IMRF PARTICIPATION

Were you previously excluded from participation in the Fund because you earned credit for service in IMRF?

Yes [] No []

If yes, please indicate whether you plan to establish creditable service for the period of time you were excluded:

Yes [] No []

If yes, please state the dates of this time period: From _____ to _____

Please also complete and submit **Forms T and W** regarding the creditable service claim and payment for this IMRF service credit.

I authorize the City of Village of Hampshire, the City of Village of Hampshire Board of Police & Police Commissioners, and the Village of Hampshire Police Department to disclose any documentation regarding my physical condition for purposes of this application I make to the Fund. I waive, for myself and any persons who may have an interest in this matter, all provisions of the law relating to the disclosure of information acquired through those examinations. A photocopy of this authorization shall be as effective and as valid as the original.

Print Name

Social Security Number

Applicant Signature

Address

Date

Phone Number

FOR BOARD USE ONLY

Received by _____ on _____ (date)

Signature

The foregoing application having been duly presented and considered by the Board of Trustees of the Village of Hampshire Police Pension Fund, the same is hereby Approved/Rejected (circle one) this _____ day of _____, _____.

**BOARD OF TRUSTEES OF THE VILLAGE OF
HAMPSHIRE POLICE PENSION FUND**

By: _____
President

By: _____
Secretary