

**FORM T**  
**VILLAGE OF HAMPSHIRE**  
**POLICE PENSION FUND**  
**CREDITABLE SERVICE CLAIM FORM AND AFFIDAVIT**

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*If you wish to claim creditable service from another Article 3 Police pension fund or transfer IMRF credit, please complete and submit the following form.*

In accordance with Section 5/3-110(d) of the Illinois Pension Code (40 ILCS 5/3-110(d)), if you are seeking to combine creditable service from multiple Article 3 funds, and the Board of Trustees of the Village of Hampshire Police Pension Fund determines that the amount of the creditable service transferred to the Fund is less than the true cost to the Fund of allowing that creditable service to be established, you hereby agree to either: (a) establish that creditable service by paying to the Fund, within 5 years of the date of such transfer, an additional contribution equal to such difference, such amount to be determined by the Board; or (b) to have your creditable service reduced by an amount equal to the difference between the amount transferred and the true cost to the Fund of allowing that creditable service to be established.

**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 two (2) years, or for less than two (2) years but were laid off or otherwise involuntarily terminated for a reason other than your own fault, and been a member in another Article 3 pension fund? Yes ☐ No ☐

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

Dates of any breaks in service (if applicable): \_\_\_\_\_

Ending annual salary with Police protection district/department: \_\_\_\_\_

Did you receive a refund of contributions? Yes ☐ No ☐

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

Refund to be paid back as follows: ☐ Lump sum of \_\_\_\_\_ on (date) \_\_\_\_\_

☐ Equal installments of \_\_\_\_\_ per \_\_\_\_\_ for \_\_\_\_\_ (years/months)

If you had received a refund, have you repaid the refund with interest as provided in Section 3-124 of the Illinois Pension Code (40 ILCS 5/3-124)? Yes ☐ No ☐

**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

Dates of any breaks in service (if applicable): \_\_\_\_\_

Ending annual salary with Police protection district/department: \_\_\_\_\_

Did you seek a refund of contributions? Yes ☐ No ☐

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

Refund to be paid back as follows: ☐ Lump sum of \_\_\_\_\_ on (date) \_\_\_\_\_

☐ Equal installments of \_\_\_\_\_ per \_\_\_\_\_ for \_\_\_\_\_ (years/months)

If you had received a refund, have you repaid the refund with interest as provided in Section 3-124 of the Illinois Pension Code (40 ILCS 5/3-124)? Yes ☐ No ☐

#### IMRF PARTICIPATION

Were you previously excluded from participation in the Fund because you earned credit for service in IMRF?  
Yes ☐ No ☐

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 Form W regarding the creditable service claim and payment for this IMRF credit.*

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Printed Name of Applicant

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Address

\_\_\_\_\_  
Date

\_\_\_\_\_  
City, State, and Zip Code

\_\_\_\_\_  
Phone Number

STATE OF ILLINOIS )  
 ) SS  
COUNTY OF \_\_\_\_\_ )

**APPLICANT'S AFFIDAVIT**

I, \_\_\_\_\_, being first duly sworn on oath, state  
(Name)

that the information set forth in my Village of Hampshire Police Pension Fund Creditable Service Claim Form is true and correct. I understand that any misrepresentation, falsification, or material omission may result in my application no longer being considered by the Fund, or disciplinary action, up to and including discharge.

\_\_\_\_\_  
Signature

Subscribed and Sworn to before me this  
\_\_\_\_\_ Day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
Notary Public (seal)

\_\_\_\_\_  
Name

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Address

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
City, State and Zip Code

\_\_\_\_\_  
Phone Number

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**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 on this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_.

[If approved] Due to the Board's determination that the amount of the creditable service transferred to the Fund is less than the true cost to the Fund of allowing that creditable service to be established, the applicant must either:

- (a) Pay to the Fund, within 5 years of the date of the transfer of creditable service to the Fund, an additional contribution of \_\_\_\_\_; or
- (b) Have his or her creditable service reduced by \_\_\_\_\_.

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

By: \_\_\_\_\_  
President

By: \_\_\_\_\_  
Secretary