

**HAMPSHIRE POLICE PENSION FUND
INITIAL REQUEST/INQUIRY AS TO PORTABILITY (COMBINE ARTICLE 3 SERVICE),
MILITARY SERVICE PURCHASES, PRIOR 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 3 CREDITABLE SERVICE TIME (PORTABILITY)
40 ILCS 5/3-110.7.

_____ PURCHASING MILITARY SERVICE SERVED PRIOR TO/DURING EMPLOYMENT
40 ILCS 5/3-110(b),(b-5).

_____ TRANSFERING OTHER PRIOR PUBLIC PENSION FUND SERVICE CREDIT TO THE
HAMPSHIRE POLICE PENSION FUND. THIS SERVICE CREDIT IS WITH THE
_____ (LIST PUBLIC PENSION FUND).

_____ 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 PORTABILITY,
MILITARY SERVICE PURCHASE, AND/OR OTHER SERVICE TRANSFERS I WILL NEED TO SUBMIT
A LETTER OF IRREVOCABLE INTENT ONCE I HAVE HAD THE OPPORTUNITY TO REVIEW ALL
NECESSARY CALCULATIONS.

_____(INITIALS)

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: _____