



Article 3 (Police) to Article 4 (Fire) - Initial Transfer Application/Inquiry

Request for Calculation for Potential Transfer of Creditable Service Per P.A. 104-0284 (HB3193)

Member's Legal Name (include middle initial): _____

Street Address: _____

City: _____ State: _____ Zip: _____

Email Address (Please Print Clearly): _____

Cell Phone: _____ Date of Birth: ____/____/____ Last 4 digits of Social Security #: _____

PRIOR ARTICLE 3 (POLICE) INFORMATION

Name of Police Pension Fund: _____

Pension Contact: _____

Contact Email: _____

Date of Hire (Entry Date): ____/____/____ Last Day Worked: ____/____/____

Unpaid Breaks In Service

Total Number of Days: _____

List Exact Dates: _____

Total Contributions: _____ (After-Tax portion of total \$ _____)

Date of Refund, if applicable: ____/____/____

____ I wish to transfer all my creditable service (Maximum of 8 years)

____ I wish to transfer only the following creditable service (Maximum of 8 years):

From: ____/____/____ To: ____/____/____

Total Service to be Transferred: _____

Contributions withheld during transfer period: \$ _____

Was member subject to disciplinary action at time of termination of employment with police department? ____ Yes ____ No

Prior Article 3 Trustee's Signature: _____ Date: _____

CURRENT ARTICLE 4 (FIRE) INFORMATION

Name of Fire Pension Fund: _____ Date of Hire (Entry Date): _____

Current Article 4 Trustee's Signature: _____ Date: _____

By signing below, I am requesting that my prior Article 3 Pension Fund provide and/or confirm the information listed above to determine the cost involved for a potential transfer of creditable service per Public Act 104-0284. I understand that this is an initial application only, for the purpose of determining the costs that will be involved should I decide to pursue the transfer. I understand that I am giving consent to the performance of the calculation only and that I am not advising any party of commitment on my part to remit any funds or of my election to or declination to pursue this transfer of creditable service. I certify that the information above is accurate to the best of my knowledge, that I was not terminated from the Article 3 police department due to disciplinary issues, and that I am an active member of the Article 4 Pension Fund identified above.

Member's Signature: _____ Date: _____

Please email this signed document to benefits@lauterbachamen.com.

Please contact the Benefits Administration Hotline at 866.952.6329 if you have any questions.