



**ALLEGHENY COUNTY**

**EMPLOYEES' RETIREMENT SYSTEM**

**PERMISSION FOR REPAYMENT —  
PREVIOUS WITHDRAWAL**

I hereby request permission to make re-payment to the fund for my previous withdrawal(s) under the latest amendment to section 1715 of the Retirement Act. It is my understanding that I will not receive credit for this service until payment is made in full.

\_\_\_\_\_  
Member Signature

\_\_\_\_\_  
Date

**PLEASE PRINT**

\_\_\_\_\_  
Member Name

\_\_\_\_\_  
Previous Last Name(s)

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip

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

\_\_\_\_\_  
Work Email

\_\_\_\_\_  
Present Department

\_\_\_\_\_  
Employee Number or  
Last Four Digits of SSN

\_\_\_\_\_  
Date Re-Employed

Complete and return to:

**Allegheny County Employees' Retirement System**  
106 County Office Building • 542 Forbes Avenue • Pittsburgh, PA 15219 • (412) 350-4674

*Effective June 2015*