



ALLEGHENY COUNTY EMPLOYEES' RETIREMENT SYSTEM

MILITARY SERVICE PRIOR TO COUNTY/A.C.A.A. EMPLOYMENT APPLICATION

- If most recently hired prior to February 21, 2014, members must have accrued a minimum of eight years of service in the Allegheny County Employees' Retirement System, irrespective of military service credit. If most recently hired on or after February 21, 2014, members must have accrued a minimum of ten years of service in the Allegheny County Employees' Retirement System, irrespective of military service credit.
- Members can make voluntary payments to the Plan to receive credit for a maximum of three years of military service.
- Members cannot use same military time that has already been applied to another employer's retirement plan.
- Members are required to pay both the employee- and employer-share of contributions into the fund.
- Members who are within the 3-year period after their vesting date will not be liable to pay interest on the amount owed.
- Members will receive credit for this service when payment is made in full.

Please process my request to make payment to the fund in order to receive service credit for time I served in the U.S. Military prior to my employment with Allegheny County and/or Allegheny County Airport Authority. Enclosed please find a copy of my discharge and service record, which verifies the time I spent in military service.

PLEASE PRINT

Member Name		Previous Last Name(s)	
Street Address		City	State Zip
Phone Number	Present Department	Employee Number or Last Four Digits of SSN	
Hire Date (County/A.C.A.A.)	Name of military branch	in which you served	
Dates of Military Service	Amount of Military Time Requested for Credit:	Years _____	Months _____



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EMPLOYMENT APPLICATION**

Name and address of any pension or retirement system (other than Allegheny County/A.C.A.A.) in which you are a member or participant:

Are you entitled to receive, eligible to receive now or in the future, or receiving retirement benefits for the military service rendered by you **during the dates identified above** under a retirement system administered and wholly or partially paid for by any other governmental agency or private industry?

If yes, please explain:

Member Signature

Date



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CREDIT FOR PREVIOUS SERVICE TIME FOR ACTIVE EMPLOYEES

Instructions: Attach DD 214 or the equivalent certification / orders to document service time requested. Please complete blocks 1 through 8. Incomplete applications will be returned.

1. Member Name (Last, first, Middle)	5. Member Signature
2. Date	6. Telephone Number (including area code)
3. Member Number	7. Branch of service
4. Date of Birth(mm/dd/yyyy)	Email (optional)

FOR OFFICE USE ONLY

Total Time Approved

- Service Credited
- On Base
- More Information Required

Note: Active duty service will be applied upon returning to work and proper department notification.



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8. Total Time Requested (see details below): Years _____ Months _____ Days _____

Active military service (Dates indicated below must be based on DD 214 or equivalent certification/orders.) Please fill out the appropriate number of days for each set of dates requested. (Additional blank forms are available upon request.) Each line must be sequential.

Correct Example:

From (mm/dd/yyyy)	To (mm/dd/yyyy)	Number of Days
03/16/2017	03/30/2017	14
07/03/2017	07/17/2017	14

Incorrect Example:

03/16/2017	07/17/2017	28
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From (mm/dd/yyyy)	To (mm/dd/yyyy)	Number of Days



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From (mm/dd/yyyy)	To (mm/dd/yyyy)	Number of Days