CITY OF SUNRISE
POLICE OFFICERS' RETIREMENT PLAN

REQUEST FOR SERVICE CREDIT FOR MILITARY SERVICE

STEP 1 - COMPLETE SECTION A.

If we have provided cost information to you in the past for this service credit, check the "Yes" box and indicate the date your request was submitted. If you have submitted a retirement application, check the "Yes" box and indicate your planned retirement date.

Part 1 Fill in your current mailing information.

Part 2 List your active duty military service dates from your Military Certification.

Part 3 Sign and date the request form.

STEP 2 - SUBMIT THE COMPLETED REQUEST FORM.

Make copy for your records.

Attach a copy of your military discharge documents for all active duty dates (DD-214, Certification of Military Service Record, etc.)

SECTION A: DOCUMENTATION OF SERVICE (to be completed by member)

Have you requested this cost information before? ☐Yes ☐ No

If yes, list date request was submitted: _____

Have you submitted a retirement application? ☐Yes ☐No

Have you purchased credited service for this military service in any other plan? ☐Yes ☐No

Part 1 Member information

_____
Name Social Security Number

_____
Former Name (if applicable) SOCIAL SECURITY NUMBER COLLECTION DISCLOSURE STATEMENT

Your social security number is requested for purposes of determining eligibility for retirement benefits as a plan member, retiree or beneficiary; for processing of retirement benefits; for verification of retirement benefits; for income reporting; or for other notice or disclosures related to retirement benefits. Your social security number will be used solely for one or more of these purposes. The collection and use of your social security number is authorized by Section 119.071(5)(a)(2)(a)(II), Florida Statutes.

_____
Daytime Phone

_____
Mailing Address City State Zip

Part 2 Military Active Duty Service Dates (attach certification)

_____
Armed Forces Branch Enlistment Date (month/day/year) Discharge Date (month/day/year)

Part 3 Certification

By my signature below, I hereby certify that the above information is true and correct. Furthermore, I understand that I must pay in full the amount (to be determined by the plan's actuary) prior to being credited time.

_____
Member's Signature Date

Mail To:

Sunrise Police Officers' Retirement Plan
13790 N. W. 4th Street - Ste. 105
Sunrise, Florida 33325

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