

**PUBLIC SAFETY PERSONNEL RETIREMENT SYSTEM
CORRECTIONS OFFICER RETIREMENT PLAN
ELECTED OFFICIALS' RETIREMENT PLAN**
3010 E. Camelback Rd., Suite 200, Phoenix, Arizona 85016
(602)255-5575 FAX (602)296-2368 www.psprs.com

FORM 18
08/11
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APPLICATION TO PURCHASE ACTIVE MILITARY SERVICE

(A.R.S. Sections 38-858, 38-907 or 38-820)

A member of the system/plan who has at least **TEN** years of service with the system may receive credited service for periods of active military service performed before employment with the member's current employer

PLEASE PRINT

MEMBER'S NAME: _____ SOCIAL SECURITY NUMBER: _____

ADDRESS: _____
(Street) (City) (State) (Zip)

TELEPHONE: () _____ E-MAIL: _____ BIRTHDATE: _____

CURRENT EMPLOYER: _____

MEMBERSHIP DATE: ____/____/____

CURRENT POSITION/CLASSIFICATION: _____

MONTHS OF ACTIVE MILITARY SERVICE WHICH I REQUEST TO PURCHASE: _____ (Maximum: 60 months)

BRANCH OF MILITARY SERVICE _____

FROM ____/____/____ THROUGH ____/____/____

- COPY OF MILITARY SERVICE RECORD (DD-214) ATTACHED (Must Indicate HONORABLE)
- COPY OF MILITARY DISCHARGE CERTIFICATE (DD-256A) ATTACHED. IF NOT ATTACHED, PLEASE EXPLAIN: _____

Please **INITIAL** each of the following to indicate your agreement and/or understanding, otherwise this form will not be processed.

- ____ I was honorably separated
- ____ This time is Active Military time (reserve time is ineligible)
- ____ I have not purchased this military time towards any other pension program

The information in this application is true and correct to the best of my knowledge and pursuant to A.R.S. Section 38-858, 38-907 or 38-820 I request that the Board of Trustees calculate the amounts required to be paid in order to receive credited service for previous active military service.

I understand that any person who knowingly makes any false statement, or who falsifies or permits to be falsified any record of the retirement plan with an intent to defraud the plan or attempts to defraud the system or plan is guilty of a Class 6 felony Arizona Revised Statutes Section 38-849 and may result in total loss of benefits under the PSPRS retirement system.

DATE: ____/____/____ _____
Signature of Member