

MEMBER SERVICE CREDIT PURCHASE CERTIFICATION

Military

Members should complete this form in its entirety and return to the Ohio Police & Fire Pension Fund (OP&F) to request the purchase of military service credit. This form must be received prior to calculation of a cost for your military service credit.

Section A: Member information

Name: First, MI, Last, suffix (Jr. III, etc.)		Social Security Number <table border="1" style="margin: auto; border-collapse: collapse;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table>												
Street Address / Post office box														
City, State, ZIP code														
Home phone	Alternate (cell) phone													
Name of your first full-time public employer		Dates employed												

Please indicate below the Ohio or municipal retirement system to which you made contributions at your first full-time Ohio public employment following military separation:

- | | |
|--|---|
| <input type="checkbox"/> Ohio Police & Fire Pension Fund | <input type="checkbox"/> State Teachers Retirement System of Ohio |
| <input type="checkbox"/> Ohio Public Employees Retirement System | <input type="checkbox"/> School Employees Retirement System of Ohio |
| <input type="checkbox"/> Ohio State Highway Patrol Retirement System | <input type="checkbox"/> Cincinnati Retirement System |

Section B: Military payment information

Please select the payment options you are requesting. Explanations of your options are included in the cover letter of this packet:

- Lump sum payment** (purchase to be made in a single payment)
- Payroll deduction:** I would like to purchase my service credit in _____ payments (see the cover letter in this packet for explanation).

Section C: Signature and acknowledgement

I, the person described in Section A of this *Member Service Credit Purchase Certification*, represent that I am the person herein described and that statements made herein are true and correct. Under Ohio law, a member is ineligible to purchase service credit for any year of military service that was used in the calculation of any retirement benefit currently being paid to the member or payable in the future under any other retirement program, *except* for Social Security or retired pay for non-regular service under Chapter 1223 of Section 1662 of Title XVI of the National Defense Authorization Act for Fiscal Year 1995, 108 Stat. 2998 (1994), 10 U.S.C.A 12731 to 12739. Members are also not eligible to purchase service credit with OP&F for any year of military service that was used to obtain service credit under ORC section 742.521.

Signature:	Date of signature:
------------	--------------------

Section D: Notary public requirement

The notary public in good standing must sign in the space provided in this section and affix their seal.

State of _____, County of _____, ss:

This *Request to Member Service Credit Purchase Certification* was acknowledged before me by the person named in the foregoing Section A, this _____ day of _____, 20_____.

Affix Seal here	Notary's signature:
	Print name:
	My commission expires: