



APPLICATION FOR REFUNDED SERVICE CREDIT

When you received a CTPF refund of contributions, you forfeited your CTPF service credits. You may repay the refund to have that service reinstated, provided you meet the requirements listed below. Please read the requirements, the instructions, and the application form carefully. Complete all information as requested. Incomplete forms will necessitate additional communication and delay the processing of your request.

REQUIREMENTS

- Requirements list: 4 items regarding application to repay, payment completion, reinstatement requirements, and interest on refunds.

PAYMENT OF CONTRIBUTIONS AND INTEREST

- Payment options list: 4 items regarding cost of purchase, CTPF mail contract options (lump-sum, installment, combination), and rollover options.

INSTRUCTIONS FOR COMPLETING THE FORM

SECTION 1 MEMBER INFORMATION

- Section 1 items: Provide legal name, address, social security number, etc.; Optional: anticipated retirement date; Former Name.

SECTION 2 RETIREMENT SYSTEM INFORMATION

- Section 2 item: Check the system in which you are currently contributing and enter the date you joined that system.

SECTION 3 REFUNDED CTPF SERVICE CREDIT

- Section 3 item: If you received more than one refund, list all of the periods of employment and schools, and the approximate year(s) you received a refund.

SECTION 4 MEMBER CERTIFICATION

- Section 4 item: Provide requested information, sign, and date.

Call Member Services, (312) 641-4464, if you have questions regarding the completion of this application.



Chicago Teachers' Pension Fund

APPLICATION FOR REFUNDED SERVICE CREDIT

PLEASE PRINT OR TYPE. Read attached Instructions before completing application

FORM 635

(rev. 11/2019)

SECTION 1 – MEMBER INFORMATION

Legal name	first	middle initial	last	suffix	Social security number	
Mailing address	street		apt. or unit no.	city	state	zip code
Telephone number (with area code)			Date of birth		Optional: anticipated retirement date	
Former name			E-mail address			

SECTION 2 – RETIREMENT SYSTEM INFORMATION INDICATE SYSTEM/FUND IN WHICH YOU ARE A CURRENT CONTRIBUTOR:

- | | | |
|---|---|--|
| <input type="checkbox"/> Chicago Teachers' Pension Fund | <input type="checkbox"/> Judges' Retirement System | <input type="checkbox"/> Municipal Employees Benefit & Annuity Fund |
| <input type="checkbox"/> Illinois Municipal Retirement Fund | <input type="checkbox"/> Cook County Annuity & Benefit Fund | <input type="checkbox"/> Cook County Forest Preserve Annuity & Benefit Fund |
| <input type="checkbox"/> General Assembly Retirement System | <input type="checkbox"/> Park Employees' Annuity & Benefit Fund | <input type="checkbox"/> Metro Water Reclamation Retirement System (Chicago Sanitary Employees' Trust) |
| <input type="checkbox"/> State Employees' Retirement System | <input type="checkbox"/> State Universities Retirement System | |
| <input type="checkbox"/> State Teachers' Retirement System | <input type="checkbox"/> Laborers' Annuity & Benefit Fund | |

Date you began contributing to your current retirement system: _____

SECTION 3 – REFUNDED CTPF SERVICE

School/Employer name	Coverage period	Year received separation refund check

SECTION 4 – MEMBER CERTIFICATION

I hereby certify that:

- I have re-entered employment with an employer covered under the Chicago Teachers' Pension Fund or under a retirement system covered by the Illinois Reciprocal Act, **and**
- I am a current contributor to that system and **have rendered two or more years of contributing service** to the retirement system, **and**
- I now request that CTPF advise me of the payment required to reinstate the refunded service credits I accumulated under the Chicago Teachers' Pension Fund and forfeited by acceptance of a separation refund.

Member Signature	Date
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