OPTIONAL SERVICE APPLICATION INSTRUCTIONS

Please read all sections of the Optional Service Application carefully and complete all required sections and forms. This document provides information related to all Optional Services available for purchase. If you qualify for any of the Optional Services below and decide to purchase additional years of service, you must complete the appropriate section, provide listed documentation, sign and date the application, and send it with your retirement application.

Absence of this application will result in your retirement application being processed without Optional Service. Your monthly pension will not reflect the purchased service amount until it is paid in full. Please review requirements and cost associated with each Optional Service selection. Once we receive your application to purchase Optional Service, CTPF will send you a contract to pay for your selection(s). Please note that the cost to purchase each type of Optional Service includes 5% interest compounded annually.

MILITARY SERVICE

The purchase of military service for public employees is a benefit designed to partially compensate veterans for their service in the U.S. Armed Forces. Any active duty military service credit purchased is applied toward the calculation of your CTPF benefits. Eligibility for a pension or retirement pay from the U.S. government does not affect your eligibility to purchase military service with CTPF. You may purchase this optional service, provided you meet the requirements listed below.

Requirements

- To apply to purchase military teaching service credit you must be a regularly certified, full-time appointed teacher contributing to CTPF.
- For military service which interrupted CTPF participation, you must have contributed to CPTF or TRS prior to the military service and must have returned to service with CTPF after military service; your contributions must have been left on file and you must be currently contributing to CTPF.
- You may purchase a maximum of 5 years active duty, two of which may precede your teaching career with a CTPF-covered employer.
- You must provide a copy of your DD-214 attesting to the validity of the dates of your active military service. To obtain copy of your DD-214, send a request to: National Personnel Records Center (Military Personnel Records), 9700 Page Avenue, St. Louis, MO 63132-5100

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.

Requirements

- Your application to repay refunded service credit must be received by CTPF while you are currently employed and contributing to CTPF or another Illinois Reciprocal system.
- To reinstate refunded service you must have two or more years of contributing service under CTPF or another retirement system covered by the Illinois Reciprocal Act to which you are currently contributing. This service must have been earned subsequent to the refund.
- If you decide to reinstate the refunded service you must pay for the entire refund, plus interest. You cannot establish partial refunds.

OPTIONAL LEAVE SERVICE CREDIT

You may purchase service credit for approved, unpaid leaves of absence granted by your employer. Approved leave types include: sick leave, maternity or paternity leave, study / travel leave, and sabbatical leave. Members who contributed after June 28, 2002, may purchase a maximum of 36 months of service credit; members who did not contribute after that date may purchase a maximum of 12 months of service credit. You may purchase this Optional Service, provided you meet the requirements listed below.

Requirements

- If you have multiple leaves, you can decide which leaves you will purchase, up to the maximum service for which you qualify.
- You MUST submit employer documentation verifying your beginning and ending leave dates.
- A resignation/termination or return to work, ends/concludes your leave of absence period.
**OPTIONAL SERVICE APPLICATION INSTRUCTIONS**

### PURCHASE TIME LOST | Due To 1976 Layoff

If you experience a loss of service credit due to the 1976 layoff period (June 6-21, 1976) you may be eligible to purchase this time. You may purchase this Optional Service, provided you meet the requirements listed below.

**Requirements**

- To purchase the 1976 Layoff service you must have been a contributor to CTPF on the days immediately preceding the June 6, 1976, layoff. If you were on a leave at the time of the layoff you are not eligible to purchase this layoff service.
- You **MUST** purchase the entire two-week layoff period.

### PURCHASE PUBLIC TEACHING SERVICE

If you were a state certified teacher in a public elementary of high school in Illinois, in another state, or in a school operated or sponsored by the U.S. Government, you may be eligible to purchase that public teaching service and have that credit added to your total years of service *(university service is not eligible)*. You must have withdrawn your contributions from the retirement system and no portion of the service can be included in the calculation of pension paid by that retirement system. You may purchase this Optional Service, provided you meet the requirements listed below.

**Requirements**

- To apply to purchase public service credit you must be a regularly certified, full-time appointed teacher contributing to CTPF.
- This service cannot be used to meet CTPF vesting requirements.
- You may not use this application for service purchases under CPS or its associated charter schools.
- You may be eligible to purchase up to 10 years; however, at retirement 60% of your total service credit used in calculation of your pension must have been earned in the public schools or charter schools of the city of Chicago. At retirement a reduction of your purchased service may be required to meet the 60% service requirement with CTPF.

### OTHER SERVICE OPTIONS

You may purchase Optional Service for periods of employment listed below:

**Options**

- A playground or recreational instructor for the City of Chicago, the Chicago Park District, or CPS
- A member of the Chicago Board of Education
- A City of Chicago or CPS civil service librarian
- A school clerk for the Chicago Board of Education
- A lunchroom manager for the Chicago Board of Education
MEMBER INFORMATION

Legal Name: First M.I. Last Suffix Last 4 digits of SSN/Member ID

Mailing Address: Street Apt. or Unit No. City State Zip Code

Telephone Number (xxx-xxx-xxxx) Date of Birth (MM/DD/YYYY) Former Name

OPTIONAL SERVICE

Select the Optional Service(s) you wish to purchase. Please be sure you’ve read through the attached Optional Service requirements and include all necessary documentation (if specified).

NOTE: After CTPF receives your Optional Service Application, we will send you an Optional Service Payment Contract which will include Payment Amount and Payment Options. You will have up to 30 days of receipt of the contract to provide necessary information. After 30 days, your retirement application will be processed without Optional Service.

☐ 1975-1976 Economic Layoff
☐ Public Teaching Service (you MUST complete information below and authorize CTPF to confirm your service)

Name of Former Employer ___________________________________________ Dates of Service __________________________

Employer Mailing Address: __________________________________________ City ______ State ______ Zip ______

Name of Retirement System ________________________________________

Retirement System Mailing Address: ________________________________ City ______ State ______ Zip ______

☐ By checking this box, I authorize the employer and retirement system named above to release Information to the Chicago Teachers’ Pension Fund (CTPF) in order to establish public teaching service credit.

☐ Military Service (you MUST complete information below and attach your DD-214 with your application)

Dates of active military service PRIOR to CTPF participation: _____________________ to _____________________

Dates of active military service which INTERRUPTED CTPF or TRS participation: _____________________ to _____________________

☐ Employer Approved Unpaid Leave (you MUST provide copy of employer documentation verifying dates of each leave and specify below to which system you’re a current contributor)

☐ Chicago Teachers’ Pension Fund
☐ County Employees’ Annuity & Benefit Fund of Cook County
☐ Cook County Forest Preserve Annuity & Benefit Fund
☐ Employees’ Annuity & Benefit Fund of Cook County
☐ Judges’ & General Assembly Retirement Systems
☐ Illinois Municipal Retirement Fund
☐ Laborers’ Annuity & Benefit Fund of Chicago

☐ Metropolitan Water Reclamation District Retirement Fund
☐ Municipal Employees’ Annuity & Benefit Fund of Chicago
☐ Park Employees’ Annuity & Benefit Fund of Chicago
☐ State Employees’ Retirement System of Illinois
☐ Teachers’ Retirement System
☐ State Universities Retirement System

Date you began contributing to your current retirement system: ___/___/___

☐ Refunded Service Credit | Refund issued year: _____________

☐ Chicago Teachers’ Pension Fund
☐ County Employees’ Annuity & Benefit Fund of Cook County
☐ Cook County Forest Preserve Annuity & Benefit Fund
☐ Employees’ Annuity & Benefit Fund of Cook County
☐ Judges’ & General Assembly Retirement Systems
☐ Illinois Municipal Retirement Fund
☐ Laborers’ Annuity & Benefit Fund of Chicago

☐ Metropolitan Water Reclamation District Retirement Fund
☐ Municipal Employees’ Annuity & Benefit Fund of Chicago
☐ Park Employees’ Annuity & Benefit Fund of Chicago
☐ State Employees’ Retirement System of Illinois
☐ Teachers’ Retirement System
☐ State Universities Retirement System

Date you began contributing to your current retirement system: ___/___/___

☐ Other Service (refer to optional service instructions for other available options)

Name of service option: _____________________________________________

☐ Metropolitan Water Reclamation District Retirement Fund
☐ Municipal Employees’ Annuity & Benefit Fund of Chicago
☐ Park Employees’ Annuity & Benefit Fund of Chicago
☐ State Employees’ Retirement System of Illinois
☐ Teachers’ Retirement System
☐ State Universities Retirement System

Date you began contributing to your current retirement system: ___/___/___

Full Name (Please Print) ______________________________________

Signature ______________________________________ Date ___/___/___