

The City of Baltimore Employees' and Elected Officials' Retirement Systems



APPLICATION FOR PRE-EMPLOYMENT MILITARY SERVICE CREDIT

FOR ERS USE ONLY	Pension #:	Date Received:
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Name:	SSN:
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Eligibility Requirements: A member may receive up to 3 years of ERS service credit for United States military service prior to employment with the City of Baltimore. To qualify, a member must:

- 1) Acquire at least 10 years of ERS service and attain age 62 or acquire 20 years of ERS service, regardless of age;
- 2) Not be eligible to receive retirement benefits for the military service from any other retirement system except for a Reserve Component Retirement benefit for Reserve service and National Guard members; and
- 3) Not be eligible for a regular active duty military pension.

Complete Section I or Section II.

Did you serve in the United States military prior to your employment with the City of Baltimore?

SECTION I. If NO, sign here: _____ **Date:** _____

SECTION II. If YES, complete Parts A, B, C, D and E below:

PART A: Check the military branch in which you served.

- | | |
|--|--|
| <input type="checkbox"/> Army | <input type="checkbox"/> Air National Guard |
| <input type="checkbox"/> Navy | <input type="checkbox"/> Maryland National Guard |
| <input type="checkbox"/> Marine Corps | <input type="checkbox"/> Army National Guard |
| <input type="checkbox"/> Air Force | <input type="checkbox"/> Coast Guard |
| <input type="checkbox"/> Other (specify) _____ | |

PART B: Enter your military entry and separation dates.

	YYYY	mm	dd
Date of Entry	_____	_____	_____
Date of Separation	_____	_____	_____
Total Military Service	_____	_____	_____

Part C: A copy of your Form DD214 must be provided to the ERS to validate your claim for military service.

Did you attach Form DD214? YES ___ NO ___

PART D: Indicate if you have or will receive credit for your military service in another system.

1. Do you now receive or expect to receive military retirement benefits for military service indicated on your DD214? YES ___ NO ___
2. Do you now receive or expect to receive disability compensation/pension from the Veterans Administration for an injury sustained while serving on active military duty? YES ___ NO ___
3. Do you now receive or expect to receive any benefits from any other retirement system, which includes the period of military service you are claiming on this application? YES ___ NO ___
4. If yes, indicate the name of the retirement system: _____

PART E: Sign and date this form.

Under penalties of perjury, I hereby certify that the above information is true and correct. I authorize the release of any documents pertaining to my pre-employment military service or the crediting of that service under another retirement system to the ERS.

Signature: _____ Date: _____

State of Maryland, County/City of _____

I hereby certify that on the _____ day of _____, 20_____, before me, the subscriber, personally appeared _____ and made oath or affirmation in due form of law that the matters and facts set forth in the Application for Military Service Credit are true.

_____ Notary Public

_____ Seal