



Initial Inquiry for Costs to Combine Creditable Service Pursuant to 40 ILCS 5/4-109(3) ("Reciprocity")

By signing below, I am requesting my Current & Prior Pension Funds provide and confirm the information listed below, per 40 ILCS 5/4-109(3), to determine the cost involved in this process. I understand that this is an initial application only, for the purpose of determining the costs that will be involved if I decide to combine my service. I understand that I am giving consent to the performance of the calculation only and that I am not advising any party of commitment on my part to remit funds.

Member's Legal Name (include middle initial): _____

Street Address: _____

City: _____ State: _____ Zip: _____

Home Phone Number: _____ Cell Phone Number: _____

Date of Birth: ____/____/____ Email Address: _____

CURRENT PENSION FUND – Pension Fund Name: _____

Date of Hire (Entry): ____/____/____

Pension Contact: _____ Email Address: _____

PRIOR PENSION FUND – Pension Fund Name: _____

Note: Must have at least one full year of Service

Date of Hire (Entry): ____/____/____ Last Day Worked: ____/____/____

Unpaid Breaks of Service, if applicable: _____

Contributions Paid to Prior Fund: Pre-Tax \$ _____ After-Tax \$ _____

Contribution Refund: ____ No ____ Yes

If Yes, Amount of Refund: \$ _____ Date of Refund: ____/____/____

Pension Contact: _____ Email Address: _____

PRIOR PENSION FUND – If Applicable-Pension Fund Name: _____

Note: Must have at least one full year of Service

Date of Hire (Entry): ____/____/____ Last Day Worked: ____/____/____

Unpaid Breaks of Service, if applicable: _____

Contributions Paid to Prior Fund: Pre-Tax \$ _____ After-Tax \$ _____

Contribution Refund: ____ No ____ Yes

If Yes, Amount of Refund: \$ _____ Date of Refund: ____/____/____

Pension Contact: _____ Email Address: _____

By signing below, I certify that the information above is accurate to the best of my knowledge:

Member's Signature: _____ Date: _____