



Prior Peace Officer Service Verification Claim

FOR OFFICE USE ONLY

Toll-Free: (800) 821-2251
alaska.gov/drb

Division of Retirement and Benefits
P.O. Box 110203
Juneau, Alaska 99811-0203

Juneau: (907) 465-4460
TDD: (907) 465-2805
FAX: (907) 465-3086

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|--|--------------------|--|------------------|-------|---|
| Employee's Name | Last | First | M.I. | Prior | Social Security Number or RIN |
| Mailing Address | Street or P.O. Box | | | City | State ZIP+4 |
| Employer where temporary service was rendered | | | Current Employer | | |
| Date of Birth (mm/dd/yyyy) | Age | Marital Status <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Single <input type="checkbox"/> Same-sex partner | | | Gender <input type="checkbox"/> Male <input type="checkbox"/> Female |
| I wish to claim credit for permanent full or part-time peace officer, correctional officer, fire fighter, or special officer service with a political subdivision who is currently a member of the PERS for service after January 1, 1961, but before the political subdivision joined the PERS. I understand that compound interest at the rate prescribed by regulation will be added to the full actuarial cost of this service until the indebtedness is paid in full or until I retire, whichever occurs first. I understand that I must be vested (five paid-up years of service) in order to claim prior peace officer service. | | | | | |
| Employee Signature | | | | Date | |

NOTE: A SEPARATE FORM MUST BE COMPLETED AND SENT TO EACH EMPLOYER WHERE SERVICE WAS PERFORMED.

Verification of Prior Peace Officer Service

(To be completed by the Employer and returned to the Division of Retirement and Benefits.)

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|--|--------------------|------------|----------|------------|-------------|
| PERIODS OF FULL OR PART-TIME PEACE OFFICER, CORRECTIONAL OFFICER, FIREFIGHTER, OR SPECIAL OFFICER SERVICE (month/day/year) | | | | | |
| From _____ | To _____ | From _____ | To _____ | From _____ | To _____ |
| From _____ | To _____ | From _____ | To _____ | From _____ | To _____ |
| From _____ | To _____ | From _____ | To _____ | From _____ | To _____ |
| If a member disagrees with reported service, he or she will be referred to your agency for resolution. | | | | | |
| I certify that the above service is correct to the best of my knowledge. | | | | | |
| Signature of Personnel or Payroll Officer | | | | Date | |
| Employer | | | | | |
| Mailing Address | Street or P.O. Box | | | City | State ZIP+4 |