



CITY OF BATTLE CREEK POLICE AND FIRE RETIREMENT SYSTEM



OTHER GOVERNMENTAL SERVICE CREDIT FORM

This form must be completed by a preceding or succeeding governmental entity on behalf of a member or deferred member of the City of Battle Creek Police & Fire Retirement System. Other governmental service credit will be determined based on the validity of the information provided below and must be in compliance with Public Act 88 and collective bargaining agreements.

Personal Data:

Name: _____

Address: _____

City/State/Zip: _____

I authorize my former employer and/or their pension administrator to release employment information.

Signature _____ Date: _____

Employment Certification:

Entity Name: _____

Address: _____

City/State/Zip: _____

Employment Start Date: _____ Date of Separation: _____

Type of Employment (check one)

Amount of service earned

Full Time _____ Part Time _____

Years: _____ Months: _____

Certified Official's Name: _____ Title: _____

Email Address: _____ Phone: _____

Signature: _____ Date: _____

Retirement System Certification

Entity Name: _____

Address: _____

City/State/Zip: _____

Did the applicant participate in a retirement plan? Yes _____ No _____

If yes, what type of plan is the applicant covered by? (DB, DC, Hybrid, 457) _____

Has applicant received a refund of employee contributions? Yes _____ No _____

If applicant received a refund please provide the refund date _____

Certified Official's Name: _____

Title: _____

Email Address: _____

Phone: _____

Signature: _____

Date: _____

Please return completed form to:

City of Battle Creek
Police & Fire Retirement System Administrator
10 N. Division St, Suite 205
Battle Creek, MI 49014
Fax: 269-966-3646
Phone: 269-966-3443

POLICE & FIRE RETIREMENT SYSTEM USE ONLY

Date Received: _____

By: _____