



The Educational Employees' Supplementary Retirement System of *Fairfax County*
 8001 Forbes Place, Suite 300 ~ Springfield, Virginia 22151-2205
 703-426-3900 ~ 1-800-426-4208 ~ www.fcps.edu/ERFC

Military Service Credit Application

 Last Name

 First Name

 Middle Initial

 Social Security Number

1. List **all** military service (Active, Reserve or National Guard) whether or not you are applying for credit for that service:

| Dates Served | | Branch | Service Type (Active, Reserve, Nat'l Guard) |
|--------------|-------|--------|---|
| From | To | | |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |

2. Are you currently entitled to receive military retirement pay, or will you be entitled to receive military retirement pay in the future? Yes No

3. Did any of your military service occur between periods of FCPS employment? (Did you leave FCPS employment to join active military service, and then return to FCPS immediately following your active duty military service?) Yes No

If "yes," complete the following:

Date you left FCPS for military service: _____

Date you applied for re-employment with FCPS: _____

Date you resumed employment with FCPS: _____

4. Have you previously received credit in any other retirement system (other than the Virginia Retirement System or Social Security) for this military service? Yes No If "yes," are you entitled to a benefit from that other system? Yes No

Note: If you answered "yes" to Question #3, you may be entitled to ERFC pension credit under the Military Selective Service Act of 1967 or the Vietnam Era Veterans Re-Adjustment Assistance Act of 1974.

A copy of your DD-214 or other discharge papers must be supplied as a part of this application.

Statement of Applicant

I have read the foregoing *Application for Military Service Credit* and certify that the information provided by me is true and complete. I understand that my receipt of military service credit is contingent on the accuracy of the information provided by me in this application. I further understand that if any of this information should prove to be inaccurate or incomplete in any way, my military service credit maybe withdrawn, and I may be required to repay ERFC for any benefits already received.

 Signature

 Employee Number

 Date

This certificate must be executed by a notary public or other court official authorized to take acknowledgments.

State of _____ City / County of _____ on this date _____

The individual whose name is signed to the foregoing instrument, appeared before me personally, acknowledged the foregoing signature to be his/hers, and having been duly sworn by me, made oath that the statements in said instrument are true.

Notary Registration # _____

My commission expires: _____ Notary Signature: _____