

ARKANSAS STATE HIGHWAY EMPLOYEES' RETIREMENT SYSTEM

CLAIM FOR MILITARY SERVICE

(Complete in duplicate if you have at least 10 years of creditable service in the Retirement System)

Date _____

1. NAME _____ SOC. SEC. NO. _____
Last First Initial

2. ADDRESS _____
Street City State Zip

3. DISTRICT or DIVISION _____

Dates of Military Service (Not to exceed 60 Months):

Attach original or certified copy of your official release from military service. It must show dates of service and "type" of discharge (Enlisted Personnel, Form DD-214, or equal).

4. FROM _____ TO _____ TOTAL _____
Mos. Days Yrs.

FROM _____ TO _____ TOTAL _____
Mos. Days Yrs.

5. Date First Covered by Any State Retirement System: * _____

6. Name of State Agency on Date First Covered: _____

7. Name of Retirement System (s) Where You Now Have Ten (10) Years of Creditable Service: _____

8. Monthly Salary or Hourly Rate When First Covered by a State Retirement System: _____

9. Contributions Due (LEAVE BANK): _____

10. METHOD OF PAYMENT:

Lump Sum

Installments:

Cash

Payroll Deduction for _____ pay periods (maximum 78)

11. _____
Signature

* If your first covered State employment was NOT with the Arkansas Department of Transportation or if you DO NOT have credit for your other Agency service with the Highway Employees' Retirement System attach a sworn statement from your first State employer, where you were a member of a state retirement system, stating the date first employed and the amount of your monthly salary or hourly rate of pay.

ARKANSAS STATE HIGHWAY EMPLOYEES' RETIREMENT SYSTEM
CLAIM FOR MILITARY SERVICE (con't)
ANYONE WITH 19 YEARS OF ACTIVE MILITARY SERVICE IS NOT
ELIGIBLE TO CLAIM CREDIT FOR THEIR MILITARY SERVICE.

1. Last name, first name, initial - Social Security Number.
2. Home address (street, town, state, zip code).
3. District or Division to which assigned for payroll purposes.
4. Date entered active military service:
Months, days, years of service (mathematical difference between dates).
Attach original or certified copy, of official release from military service. The document must show inclusive dates of service.
5. Date first employed by your first State employer where you were a member of a State employee's retirement system.
(Public Employees System, Teachers, Highway, State Police, Legislative, Judicial, Police and Firemen, or other system in Arkansas).
6. Name of agency where you were employed on the date shown in answer to question 5.
7. Enter the name of the retirement system where you now have ten (10) years of creditable service. This should be the system where you first acquired ten (10) years of service if you have 10 years in two or more systems.
8. Monthly salary or hourly rate on date shown in answer to question 5. (Attach statement from your first Agency showing your first monthly salary or hourly rate of pay. Statement not applicable if first agency was the Highway and Transportation Department).
9. Will be computed by the Retirement System office:
Rates if the Arkansas Department of Transportation was your first State employer:

7-1-49 prior to July 1, 1953	7%	}	Maximum Annual Salary \$7,500.00
After 6-30-53 prior to August 16, 1969	8%		
After 8-15-69 prior to July 1, 1975	11%	}	No Maximum Annual Salary
After 6-30-75 prior to March 20, 1977	15.9%		
After 3-19-77 prior to July 1, 1979	17%		
After 6-30-79 prior to July 1, 1981	18.65%		
After 6-30-81	18.9%		
10. Can be paid in a lump-sum or by installments over a period not to exceed 36 months from the first installment date.

Installments can be made by cash or by pay period payroll deductions.
Interest of 6% annually will be charged on the installment balance 6 months following date eligible to claim military service.
11. Manual signature of claimant.