

# ST. LUCIE COUNTY FIRE DISTRICT FIREFIGHTERS' RETIREMENT FUND

## REQUEST FOR SERVICE CREDIT COST FOR PRIOR MILITARY SERVICE

### DOCUMENTATION OF SERVICE (To be completed by the Plan Member)

Have you requested this cost information before?  Yes  No

If yes, list date request was submitted: \_\_\_\_\_

Have you submitted a retirement application?  Yes  No

Have you purchased credited service for this military service in any other plan?  Yes  No

### MEMBER INFORMATION

\_\_\_\_\_  
Name Social Security Number

\_\_\_\_\_  
Former Name (if applicable) Phone Number

\_\_\_\_\_  
Mailing Address City State Zip

### MILITARY ACTIVE DUTY SERVICE DATES (Attach DD-214 Certification of Military Service)

\_\_\_\_\_  
Armed Forces Branch Enlistment Date (month/day/year) Discharge Date (month/day/year)

I hereby certify that the above information is true and correct.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature