

PERS

PUBLIC EMPLOYEE RETIREMENT SYSTEM

ALASKA DIVISION OF
**Retirement
and Benefits**Toll-Free: (800) 821-2251
alaska.gov/drb

Application for Peace Officer/ Firefighter Military Service Credit for Medical Benefit Eligibility

Division of Retirement and Benefits
P.O. Box 110203
Juneau, AK 99811-0203Juneau: (907) 465-4460
TDD: (907) 465-2805
Fax: (907) 465-3086

FOR OFFICE USE ONLY

TO THE MEMBER:

This form is used for peace officer/firefighter members of the PERS who are vested with 20 years of P/F service who wish to use claimed active duty military service to meet the 25-year requirement for medical insurance prior to age 60 under AS 39.35.535.

To receive PERS medical eligibility credit, you must (1) have 20 years of paid-up service under the P/F occupation code; (2) be within 12 months of your retirement eligibility date; (3) have filed a retirement application with the Division of Retirement and Benefits; and (4) complete and submit this application with legible copies of your separation forms (DD or GG forms 214 or other documentation) verifying your beginning and ending dates of active duty and your honorable discharge.

If you need to obtain documentation of your military service, write to:

National Personnel Records Center, Civilian Personnel Records Facility
1 Archives Drive
St. Louis, MO, 63138

Be sure to include your military service and Social Security number, branch of service, and approximate dates of service.

NAME (FIRST, MI, LAST)		LAST 4 OF SOCIAL SECURITY NUMBER OR RIN	
MAILING ADDRESS (STREET OR P.O. BOX)			
CITY		STATE	ZIP+4
EMPLOYER ☐ State of Alaska, Department of _____ ☐ Political Subdivision _____		HOME TELEPHONE NUMBER WORK TELEPHONE NUMBER	
I wish to claim ____ years, ____ months and ____ days of military service (no more than five years may be claimed) for medical benefit eligibility. I understand this claim is for additional years and partial years of service that, when added to my P/F service, will result in 25 years of service to meet the requirement for medical insurance at the time of retirement. I understand there are separate provisions and a separate form to claim military service to be used towards the calculation of pension benefits. I certify that if I was first hired under the PERS after June 30, 1986 that ☐ I am eligible for a federal retirement benefit for this same service. ☐ I am not eligible for a federal retirement benefit for this same service. I understand the cost of the additional service being claimed will be calculated at the full actuarial cost, meaning I will bear the entire cost of the additional service for health insurance eligibility. I understand I will be required to pay the cost either in full prior to my retirement effective date or I must elect a lifetime reduction to my monthly pension benefit to pay this cost. I acknowledge that a lifetime reduction may reduce my pension benefit to less than what it would have been without claiming this service.			
SIGNATURE		DATE	