Application for Free Military Credit

(To be completed by employer reporting official)

As required by the Uniformed Services Employment and Reemployment Rights Act of 1994 (USERRA), IPERS members who serve in active military duty may be eligible for free IPERS service credits and wage restoration.

To be eligible, an IPERS member must:
(1) Be called to active military duty from an IPERS-covered position, and
(2) Go back to work in an IPERS-covered position after December 12, 1994, within 12 months after the member's military leave ends.

OR
(1) Leave IPERS-covered employment for a period of military leave in a combat zone, hazardous duty area, or during a contingency operation, and
(2) Be unable to return to IPERS-covered employment because of an active duty injury or disease that results in death. The death must occur within two years after the member suffered the injury or disease.

This free service and wage credit will be added when this form is correctly completed and submitted to IPERS.

Veterans may also choose to make IPERS contributions for the period of military leave and have their employer make the appropriate matching contributions, but **are not required to do so**. Generally, the additional contributions will not increase retirement benefits, but will increase a lump-sum refund amount if the member decides to cash out his or her pension instead of receiving a retirement benefit. A member's preretirement death benefit may also increase. Members must make up contributions within a time period equal to three times the period of military service, not to exceed 5 years, from the date of reemployment, if they decide to do so. To make these contributions, the member must complete the form *Application for Military Leave Contributions*.

Employer reporting official: Fill out below. Send completed form and **a copy of the employee's DD214** to IPERS, Attn: Employer Relations Bureau.

Employee name: _____ SSN: _____

Employer: _____ IPERS employer ID number: _____

Date employee resumed covered employment after return from military leave: _____

Wages that *would have been paid* to the above-named employee during applicable military leave periods:

Month/year	Occupation code	Wages reported as (write "0" if none)	Add'l wages that would have been paid

On behalf of the above-named employer, I hereby certify that the above amounts reflect the monthly breakdown of wages that would have been paid to the above-named employee during the employee's active military leave.

Official's signature: _____ Date: _____

Official's name: _____ Title: _____ Phone: _____

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