

**HOWARD COUNTY POLICE AND FIRE EMPLOYEES' RETIREMENT PLAN  
STATEMENT OF PRE-EMPLOYMENT MILITARY SERVICE  
BY A MEMBER WITH AT LEAST TWENTY (20) YEARS OF ELIGIBILITY SERVICE**

PLEASE PRINT OR TYPE THIS FORM

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NAME \_\_\_\_\_

SOCIAL SECURITY NO. \_\_\_\_\_

ADDRESS \_\_\_\_\_  
\_\_\_\_\_

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To the Retirement Plan Committee:

I, \_\_\_\_\_, a member of the Howard County Police and Fire Employees' Retirement Plan with at least twenty (20) years of Eligibility Service do hereby affirm that I served in the \_\_\_\_\_ (*branch of the military*) from \_\_\_\_\_ to the date of my discharge on \_\_\_\_\_.

**(Note: dates must precede your hire date with Howard County.)**

I DO FURTHER DECLARE that in the event I do receive retirement credit and/or benefit for such period of military service from any other retirement system except any disability payments, Social Security (F.I.C.A.), the National Railroad Retirement Act or the Federal Government on account of National Guard or Reserve service, I shall promptly notify the Retirement Coordinator, in writing, of such retirement credit and/or benefit.

SIGNED \_\_\_\_\_

DATE \_\_\_\_\_

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On this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, before a Notary Public, the person whose signature is shown above, personally appeared before me and is known to me as (or satisfactorily proved to be) the person whose name is signed above and acknowledges that he/she executed this document in the capacity stated and for the purpose of receiving military credit in the Howard County Police and Fire Employees' Retirement Plan. Therefore, I set my hand and official seal.

\_\_\_\_\_  
NOTARY PUBLIC

\_\_\_\_\_  
COMMISSION EXPIRES

(OFFICIAL SEAL MUST BE AFFIXED)

**ATTACH PROOF OF SERVICE AND SUBMIT THIS FORM TO THE RETIREMENT COORDINATOR.**

- **FOR ACTIVE DUTY SERVICE:** ATTACH YOUR DD-214 OR EQUIVALENT DOCUMENT SHOWING THE DATES OF ENTRANCE AND DISCHARGE.
  - **FOR RESERVE OR NATIONAL GUARD SERVICE:** ATTACH VERIFICATION OF YOUR RETIREMENT POINTS, FOR EXAMPLE DA FORM 5016 OR NGB FORM 23.
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**RETIREMENT COORDINATOR COMPLETES THIS SECTION**

\_\_\_\_\_  
APPROVED BY

\_\_\_\_\_  
DATE

\_\_\_\_\_  
MONTHS APPROVED