



MILITARY SERVICE BUYBACK PRIOR TO EMPLOYMENT BY CITY OF MIAMI

I, the undersigned, have been a member of the City of Miami General Employees' & Sanitation Employees' Retirement Trust for a period of not less than ten years, served in active military service during one of the following periods. PLEASE CHECK AND FILL IN DATES:

- ☐ 1. World War II: December 7, 1941, through December 31, 1946 Dates Served: _____
- ☐ 2. Korean Conflict: June 27, 1950, through January 31, 1955 Dates Served: _____
- ☐ 3. Vietnam: February 28, 1961, through May 7, 1975
If did serve in the Republic of Vietnam Dates Served: _____
- ☐ 4. Vietnam: August 5, 1964, through May 7, 1975
If did not serve in the Republic of Vietnam Dates Served: _____
- ☐ 5. Persian Gulf War: August 2, 1990, through (ending on the date
thereafter procured by presidential proclamation or by law) Dates Served: _____
- ☐ 6. Operation Enduring Freedom: October 7, 2001 - TBD Dates Served: _____
- ☐ 7. Operation Iraq Freedom: March 19, 2003 – TBD Dates Served: _____

I am requesting to pay contributions plus interest for prior military service up to a maximum of four years, in accordance with City of Miami Ordinance No. 8214. I understand I may elect to pay either in a lump sum or by payroll deductions not in excess of five years.

I also understand that I must personally present this application to the City of Miami General Employees' & Sanitation Employees' Retirement Trust Office, along with proper identification and my original U.S. military Discharge which will be returned to me by the City of Miami General Employees' & Sanitation Employees' Retirement Trust. I must claim Military Service prior to April 2, 1974, unless my eligibility for such membership service credit matures later.

Name _____ SSN (last 4 digits) _____
Address _____ Date of Birth _____
City _____ State _____ Zip Code _____
Signature _____ Date _____

To Be Completed by a Notary Public:

STATE OF _____ COUNTY OF _____

The foregoing instrument was acknowledged before me this _____ day of _____, 20____ by _____ who is personally known to me or produced a _____ as identification and to whose signature this notarization applies.

(Signature of Notary Public)

(Name of Notary - Printed or Stamped)