

**HOWARD COUNTY RETIREMENT PLAN
STATEMENT OF MILITARY SERVICE
BY A MEMBER WITH AT LEAST TEN (10) YEARS OF CREDITABLE SERVICE**

Please Print or Type This Form

NAME: _____
_____ Social Security No
ADDRESS: _____

To the Retirement Plan Committee:

I, _____, a member of the Howard County Retirement Plan with at least ten (10) years of service credit do hereby affirm or make affidavit that I served in the _____ from _____ to the date of my discharge on _____.

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 said Retirement Plan Committee, in writing, of such retirement credit and/or benefit.

_____ Date _____ Signed _____

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 (or satisfactorily proved) to be the person whose name is signed above and acknowledge that he/she executed this document in the capacity stated and for the purpose of receiving military credit in the Howard County Retirement Plan. Therefore, I set my hand and official seal.

Official Seal

Must be affixed

Notary Public Signature

UPON COMPLETION, ATTACH A COPY OF YOUR DISCHARGE PAPERS, FORM DD214, REPORT OF TRANSFER OR DISCHARGE OR SIMILAR DOCUMENT SHOWING THE DATE OF ENTRANCE AND DISCHARGE AND SUBMIT THIS FORM TO THE RETIREMENT COORDINATOR.

Retirement Coordinator Completes This Section

Approved By

Date

Months Approved