



# Village Public Safety Officer Service Verification/Claim

FOR OFFICE USE ONLY

**Toll-Free: (800) 821-2251**  
**alaska.gov/drb**

*Division of Retirement and Benefits*  
P.O. Box 110203  
Juneau, Alaska 99811-0203

**Juneau: (907) 465-4460**  
TDD: (907) 465-2805  
FAX: (907) 465-3086

Employee's Name    Last                                  First                                  M.I.                                  Prior					Social Security Number or RIN		
Mailing Address		Street or P.O. Box			City	State	ZIP+4
Employer VPSO service was rendered				Current Employer			
Date of Birth (mm/dd/yyyy)		Age	Marital Status			Gender	
			<input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Single <input type="checkbox"/> Same-sex partner			<input type="checkbox"/> Male <input type="checkbox"/> Female	
<p>I wish to claim credit for full-time VPSO service. I certify that I am vested (five paid-up years of service), and that I am not eligible for a defined retirement benefit for the service I am claiming. I understand that I must have a minimum of 1 year of VPSO service and that I can claim no more than 5 years of VPSO service. In addition, I understand that VPSO service <i>cannot</i> be used to meet eligibility for retirement benefits. I realize that compound interest at the rate prescribed by regulation will be added to the full actuarial cost of this service (please see reverse side) until the indebtedness is paid in full or until I retire, whichever occurs first.</p>							
Employee Signature					Date		

**NOTE: A SEPARATE FORM MUST BE COMPLETED AND SENT TO EACH EMPLOYER WHERE SERVICE WAS PERFORMED.**

## Verification of VPSO Service

(To be completed by the Employer and returned to the Division of Retirement and Benefits.)

PERIODS OF FULL-TIME VPSO EMPLOYMENT							
(month/day/year)							
From _____		To _____		From _____ To _____			
From _____		To _____		From _____ To _____			
From _____		To _____		From _____ To _____			
<p>If a member disagrees with reported service, he or she will be referred to your agency for resolution.</p> <p><b>I certify that the above service is correct to the best of my knowledge.</b></p>							
Signature of Personnel or Payroll Officer				Date			
Employer							
Mailing Address		Street or P.O. Box			City	State	ZIP+4

