Application for Free Military Credit

(To be completed by employer official)

As required by the Uniformed Services Employment and Reemployment Rights Act of 1994 (USERRA), IPERS members who are called to active military duty from an IPERS-covered position, and are reemployed in an IPERS-covered position after December 12, 1994, within 12 months after the military leave ends, are eligible for free service credits and wage restoration. Free service credits and wage restoration will also be granted for the member's period of military leave in a combat zone, hazardous duty area, or during a contingency operation, if the member is unable to return to IPERS-covered employment because of an active duty injury or disease that results in death. To receive free service credits and wage restoration, the death must occur within two years after the member suffered the injury or disease. This free service and wage credit will be added upon proper completion and submission of this form to IPERS.

Veterans also may, **but are not required to**, make IPERS contributions for the period of military leave and have the employer make appropriate matching contributions. Generally, these additional contributions will not increase retirement benefits, but they will increase the lump-sum refund amount should you decide to cash out your pension in lieu of receiving a retirement benefit. The preretirement death benefit may also be increased. Veterans have a time period to make up contributions equal to three times the period of military service, not to exceed 5 years, from the date of reemployment, should they wish to do so. Members interested in making such contributions should complete the form *Application for Military Leave Contributions*.

Employee name: _____ SSN: _____

Employer: _____ IPERS employer ID number: _____

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

Instructions for employer official completing form: Please complete the information requested below, including a quarterly breakdown of wages that **would have been paid** to the above-named employee during his or her active military leave. **Please attach a copy of the employee's DD214.** Return completed form to: IPERS / Attn: Employer Relations Bureau / P.O. Box 9117 / Des Moines, IA 50306-9117.

Quarter and year	Occupation class code	Wages reported as (enter "0" if none)	Wages that would have been paid

On behalf of the above-named employer, I hereby certify that the above amounts reflect the quarterly 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: _____