



# APPLICATION FOR PURCHASE OF OPTIONAL LEAVE SERVICE CREDIT

**FORM 645**  
(REV. 8/2023)

Chicago Teachers' Pension Fund

425 S. Financial Place, Suite 1400 | Chicago, Illinois 60605-1000  
312.641.4464 | Fax: 312.641.7185 | www.ctpf.org

You may purchase service credit for **approved, unpaid** leaves of absence granted by your employer. Approved leave types include: sick leave, maternity or paternity leave, study/travel leave, and sabbatical leave. Members who contributed after June 28, 2002 may establish a maximum of 36 months of service credit; members who did not contribute after that date may establish a maximum of 12 months of service credit. **Please read the requirements, instructions and application form carefully and complete all information as requested. Incomplete forms will necessitate additional communication and delay the processing of the request.**

## REQUIREMENTS

- Your application to purchase optional leave service credit must be received by CTPF and payment completed before you receive your first retirement check from CTPF or another retirement system covered by the Illinois Retirement Systems Reciprocal Act (if retiring under reciprocity).
- If you have multiple leaves, you can decide which leaves you will purchase, up to the maximum service for which you qualify.
- You must submit employer documentation verifying your beginning and ending leave dates. Leave approval letters can be obtained from your employer by contacting the CPS Office of Talent (if active) or Employee Records (if terminated).\*
- A resignation/termination or return to work, ends/concludes your leave of absence period.

\* Please do **NOT** send medical, FMLA, or Sedgwick documents.

## PAYMENT OF CONTRIBUTIONS AND INTEREST

- Cost to purchase optional leave service will be based on the salary and contributions in effect at the time of the approved leave. Interest on the total cost will be 5% compounded annually beginning one year after the termination of the leave or return to service whichever is earlier. **This service credit will not be added to your account until you have paid the entire bill.**
- CTPF will mail you a Service Purchase Contract which offers the following payment plan options:
  - Lump-sum option — applicant pays the total cost with a single payment.
  - Installment payment option — applicant pays a series of installment payments directly to CTPF.
  - A combination of the two payment options.
- You may pay for this service through a rollover from a traditional IRA (NOT a ROTH IRA), a 401, 403(b), 457(b), or other qualified pension plan. Please complete and submit Form 435 Certification for Tax-deferred Rollover for determination of eligibility.

## INSTRUCTIONS FOR COMPLETING THE FORM

### SECTION 1: MEMBER INFORMATION

- Please provide your legal name, address, social security number, etc.
- Optional: your anticipated retirement date.
- Former name: If you previously participated in CTPF under a different name, please provide it here.

### SECTION 2: RETIREMENT SYSTEM INFORMATION

- Check the system in which you are currently contributing and enter the date you joined that system.

### SECTION 3: LEAVE HISTORY

- Please list each leave, the approximate dates of the leave(s) and the school to which you were assigned at the time of the leave(s). Leave grants must accompany this application.

### SECTION 4: MEMBER CERTIFICATION

- Provide requested information, sign, and date.

**Call Member Services, 312-641-4464, if you have questions regarding the completion of this application.**



# APPLICATION FOR PURCHASE OF OPTIONAL LEAVE SERVICE CREDIT

**FORM 645**  
(REV. 8/2023)

Chicago Teachers' Pension Fund

PLEASE PRINT OR TYPE. Read attached instructions before completing application.

## SECTION 1: MEMBER INFORMATION

|                                    |  |      |                             |        |   |          |
|------------------------------------|--|------|-----------------------------|--------|---|----------|
| Legal Name: First                  |  | M.I. | Last                        | Suffix | Last 4 digits of SSN or Member ID:      |          |
| Mailing address: Street            |  |      | Apt. or Unit no.            | City   | State                                   | Zip Code |
| Telephone number: (with area code) |  |      | Date of birth: (MM/DD/YYYY) |        | Anticipated retirement date: (optional) |          |
| Former name:                       |  |      | E-mail address:             |        |   |          |

## SECTION 2: RETIREMENT SYSTEM INFORMATION INDICATE SYSTEM / FUND IN WHICH YOU ARE A CURRENT CONTRIBUTOR

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> Chicago Teachers' Pension Fund     | <input type="checkbox"/> Judges' Retirement System              | <input type="checkbox"/> Municipal Employees Benefit & Annuity Fund                                    |
| <input type="checkbox"/> Illinois Municipal Retirement Fund | <input type="checkbox"/> Cook County Annuity & Benefit Fund     | <input type="checkbox"/> Cook County Forest Preserve Annuity & Benefit Fund                            |
| <input type="checkbox"/> General Assembly Retirement System | <input type="checkbox"/> Park Employees' Annuity & Benefit Fund | <input type="checkbox"/> Metro Water Reclamation Retirement System (Chicago Sanitary Employees' Trust) |
| <input type="checkbox"/> State Employees' Retirement System | <input type="checkbox"/> State Universities Retirement System   |  |
| <input type="checkbox"/> State Teachers' Retirement System  | <input type="checkbox"/> Laborers' Annuity & Benefit Fund       |  |

Date you began contributing to your current retirement system: \_\_\_\_\_

## SECTION 3: LEAVE HISTORY

| SCHOOL / EMPLOYER NAME | TYPE OF LEAVE | DATES OF LEAVE |    |
|------------------------|---------------|----------------|----|
|                        |               | FROM           | TO |
|                        |               |                |    |
|                        |               |                |    |
|                        |               |                |    |
|                        |               |                |    |

## SECTION 4: MEMBER CERTIFICATION

I hereby certify that:

- The above information is correct to the best of my knowledge, and
- I request you to advise me of the payment required to purchase the Optional Leave Service credits for the purpose of including this leave service in the calculation of my pension, and
- I have enclosed a copy of the employer documentation verifying my leave dates for each leave listed above.

|                  |      |
|------------------|------|
| Member Signature | Date |
|------------------|------|