



Request to Establish Reciprocal Service Credit

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I. Member Information				
APERS ID or SSN	First Name	Middle Name	Last Name	
Address	City		State	Zip Code
Primary Telephone Number		Secondary Telephone Number		
II. Member Certification				
<p>I certify that I maintain service credit in the reciprocal system(s) indicated below. I request that the reciprocal systems combine my service credit to meet the eligibility requirements for receiving a monthly retirement benefit under each retirement system. I understand that the combined service credit will be used to establish my eligibility to receive a retirement benefit and will not be used to calculate the monthly retirement benefit from a retirement system.</p> <p>Reciprocal Systems:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Arkansas Teacher Retirement System (ATRS) <input type="checkbox"/> Arkansas Highway Employees' Retirement System (ASHERS) <input type="checkbox"/> Arkansas State Police Retirement System (ASPRS) <input type="checkbox"/> Arkansas Judicial Retirement System (AJRS) <input type="checkbox"/> Arkansas Local Police and Fire Retirement System (LOPFI) <input type="checkbox"/> Arkansas District Judge Retirement System 				
Member Signature *			Date *	
Section III below for completion by reciprocal system representatives only				
III. Reciprocal System Certification				
1. Retirement System			Credited Service	
Service Start Date	Service End Date	Employer(s)		
Retirement System Representative Signature			Date	
2. Retirement System			Credited Service	
Service Start Date	Service End Date	Employer(s)		
Retirement System Representative Signature			Date	
3. Retirement System			Credited Service	
Service Start Date	Service End Date	Employer(s)		
Retirement System Representative Signature			Date	