

Form # 220 1400 West Third Little Rock, AR 72201 Phone (501) 682-1517 Fax (501) 682-2359 www.artrs.gov

Request to Establish Reciprocal Service Credit

request to Localine resolution of the	
Member Information	
Member's Name	SSN
Mailing Address	
	Zip
Mobile Phone () Emai	Address
I request that ATRS credit the service from my employment covered by a reciprocal retirement system under ACA § 24-2-401 et. seq. All requests for reciprocal service credit are subject to verification that the service meets eligibility requirements for reciprocal credit and is subject to verification with your participating employer and the reciprocal system or plan in which the service accrued. Please indicate the system(s) you wish to establish reciprocal service with:	
☐ AR Public Employee Retirement System (APERS) ☐ AR State Police Retirement System ☐ AR State Highway Retirement System (ASHERS) ☐ AR Judicial Retirement System ☐ Local Fire and Police Retirement System (LOPFI)	
Member's Signature	Date
Certification of Reciprocal Systems	
To be completed by Reciprocal System	
The above member is/was a member of	
Member has established service credit of	_ for the period from to Date Date
As an employee of	
Retirement System Representative Signature	Phone Number and/or Email Address Date
To be completed by Reciprocal System	
The above member is/was a member of	
Member has established service credit of	_ for the period from to Date Date
As an employee of	
Retirement System Representative Signature	Phone Number and/or Email Address Date
To be completed by Arkansas Teacher Retirement System	
Member has established service credit of	
As an employee of	
Retirement System Representative Signature	Phone Number and/or Email Address Date