Village of Willowbrook

7760 Quincy Street
Willowbrook, IL 60527-5594

Phone: (630) 323-8215 • Fax: (630) 323-0787 • www.willowbrookil.org

N O T I C E

NOTICE IS HEREBY GIVEN that a special meeting of the Board of Trustees of the Police Pension Fund of the Village of Willowbrook has been scheduled as follows:

DATE:	August 8, 2011 - Monday
TIME:	3:00 P.M.
PLACE:	Willowbrook Village Hall 7760 Quincy Street Willowbrook, Illinois 60527
AGENDA:	See attached.

Umberto Davi/oz

Umberto Davi, President
Board of Trustees
Police Pension Fund

This notice was sent by facsimile on August 4, 2011

The Doings	The Tribune
Suburban Life Graphic	Chicago Sun-Times

THIS NOTICE WAS PLACED ON THE BULLETIN BOARD IN THE LOBBY OF THE VILLAGE HALL, 7760 QUINCY STREET, IN THE VILLAGE OF WILLOWBROOK, DUPAGE COUNTY, ILLINOIS ON AUGUST 4, 2011.

cc: Indian Prairie Library

ANY INDIVIDUAL WITH A DISABILITY REQUIRING A REASONABLE ACCOMMODATION IN ORDER TO PARTICIPATE IN ANY PUBLIC MEETING HELD UNDER THE AUTHORITY OF THE VILLAGE OF WILLOWBROOK, SHOULD CONTACT THE ADA COMPLIANCE OFFICER AT THE VILLAGE OF WILLOWBROOK, 7760 QUINCY STREET, WILLOWBROOK, IL 60527, OR CALL (630) 323-8215 VOICE, OR (630) 920-2259 TDD, MONDAY THROUGH FRIDAY, BETWEEN 8:30 A.M. AND 4:30 P.M., WITHIN A REASONABLE TIME BEFORE THE MEETING. REQUESTS FOR SIGN LANGUAGE INTERPRETERS SHOULD BE MADE A MINIMUM OF FIVE WORKING DAYS IN ADVANCE OF THE MEETING.

A G E N D A

SPECIAL MEETING OF THE BOARD OF TRUSTEES OF THE POLICE PENSION FUND OF THE VILLAGE OF WILLOWBROOK TO BE HELD ON MONDAY, AUGUST 8, 2011, AT 3:00 P.M. AT THE VILLAGE HALL, 7760 QUINCY STREET, WILLOWBROOK, DUPAGE COUNTY, ILLINOIS

1. CALL TO ORDER

2. ROLL CALL

3. APPROVAL - PENSION REINSTATEMENT - WIDOW BENEFITS - RUTH KLEVEN.

4. APPROVAL - PENSION BUY BACK - MILITARY TIME - Commander William D. Bozek

5. APPROVAL - PENSION BUY BACK - MILITARY TIME - Officer Daniel L. Polfliet

6. APPROVAL - Application for Retirement Benefits - Commander William D. Bozek

7. APPROVAL - Application for Retirement Benefits - Commander Stephen J. Finlon

8. APPROVAL - Application for Retirement Benefits - Commander Michael J. Kurinec

9. APPROVAL - Department of Insurance Security Administrator.

10. ADJOURNMENT

---------- Cut here and give Form W-4P to the payer of your pension or annuity. Keep the top part for your records. ----------

Form **W-4P**

Department of the Treasury
Internal Revenue Service

Withholding Certificate for Pension or Annuity Payments

▶ For Privacy Act and Paperwork Reduction Act Notice, see page 4.

OMB No. 1545-0074

2011

Type or print your first name and middle initial.	Last name	Your social security number
MARTHA R	KLEVEN	
Home address (number and street or rural route)		Claim or identification number (if any) of your pension or annuity contract
City or town, state, and ZIP code		

Complete the following applicable lines.

1 Check here if you **do not want any** federal income tax withheld from your pension or annuity. (Do not complete lines 2 or 3.) ▶ ☐

2 Total number of allowances and marital status you are claiming for withholding from each **periodic** pension or annuity payment. (You may also designate an additional dollar amount on line 3.) . . . . . ▶ _____ (Enter number of allowances.)

Marital status: ☒ Single ☐ Married ☐ Married, but withhold at higher "Single" rate

3 Additional amount, if any, you want withheld from each pension or annuity payment. (**Note.** For periodic payments, you cannot enter an amount here without entering the number (including zero) of allowances on line 2.) . . . . ▶ $

Your signature ▶ Martha Ruth Kleven **Date** ▶ 7/29/2011

Cat. No. 10225T

Form **W-4P** (2011)

07/29/11

Village of Willowbrook
attention Debbie

I am very sorry for the delay. I am really having a hard time over the lost of my husband.

Please send my check in by the 4th of August. My mortage and other bill are now past due. I had to borrow money to pay my electric bill or they were going to shut it off.

I would certainly appreciate your help. Thank you very much

I did not know how to fill out the paper work I went I Calls Janet

Sincerely

Ruth Flowers

STATE OF ARKANSAS

TYPE / PRINT IN PERMANENT BLACK INK. SEE INSTRUCTIONS

ARKANSAS DEPARTMENT OF HEALTH
Vital Records
CERTIFICATE OF DEATH

Richard T. Kleven

NAME OF DECEDENT For use by Institute of Death Certificate

To Be Completed / Verified by FUNERAL DIRECTOR

1. DECEDENT'S LEGAL NAME (Include AKA's if any) (First, Middle, Last, Suffix)	2. SEX	3a. DATE OF DEATH (Mo/Day/Yr)	3b. TIME OF DEATH
Richard Thor Kleven	Male	Jan. 21, 2011	Pron. 1:00 ☐ AM ☒ PM

4. SOCIAL SECURITY NO.	5a. AGE – Last Birthday (Years)	5b. UNDER 1 YEAR Months / Days	5c. UNDER 1 DAY Hours / Minutes	6. DATE OF BIRTH (Mo/Day/Yr)	7. BIRTHPLACE (City and State or Foreign Country)
	86				Bensenville, Illinois

8a. RESIDENCE STATE or FOREIGN COUNTRY	8b. COUNTY	8c. CITY OR TOWN
Arkansas	Marion	

8d. NUMBER AND STREET	8e. APT. NO.	8f. ZIP CODE	8g. INSIDE CITY LIMITS?
			☐ Yes ☒ No

9. EVER IN US ARMED FORCES?	10. MARITAL STATUS AT TIME OF DEATH	11. SURVIVING SPOUSE'S NAME (If wife, give name prior to first marriage.)
☒ Yes ☐ No	☒ Married ☐ Widowed ☐ Never Married ☐ Married, but Separated ☐ Divorced ☐ Unknown	Ruth Creamer

12a. IF DEATH OCCURRED IN A HOSPITAL:	12b. IF DEATH OCCURRED SOMEWHERE OTHER THAN A HOSPITAL:	12c. COUNTY OF DEATH
☐ Inpatient ☐ Emergency Room / Outpatient ☐ Dead on Arrival	☒ Decedent's Home ☐ Hospice Facility ☐ Nursing Home / Long Term Care Facility ☐ Other (Specify)	Marion

12d. FACILITY NAME (If not institution, give number & street)	12e. CITY OR TOWN	12f. ZIP CODE

13. FATHER'S NAME (First, Middle, Last)	14. MOTHER'S NAME PRIOR TO FIRST MARRIAGE (First, Middle, Last)
Thor J. Kleven	Ketty A. Sunberg

15a. INFORMANT'S NAME	15b. RELATIONSHIP TO DECEDENT	15c. MAILING ADDRESS (Number and Street or PO Box, City, State, Zip Code)
Ruth Kleven	Wife	

16a. METHOD OF DISPOSITION: ☐ Burial ☒ Cremation ☐ Donation ☐ Entombment ☐ Removal from State ☐ Other (Specify)

16b. PLACE OF DISPOSITION (Name of cemetery, crematory, other place)	16c. LOCATION – CITY, TOWN, AND STATE
Coffman Crematory	Harrison, Arkansas

17a. EMBALMER'S NAME	17b. EMBALMER'S LICENSE #	17c. SIGNATURE (FUNERAL SERVICE LICENSEE OR OTHER AGENT)
☒ Not Embalmed		Jason D. Lile

17d. NAME AND COMPLETE ADDRESS OF FUNERAL FACILITY	17e. LICENSE #
H A Burns Funeral Home P.O. Box 525 Yellville, AR 72687	89

To Be Completed / Verified by MEDICAL CERTIFIER

18a. DATE PRONOUNCED DEAD (Mo/Day/Yr)	18b. TIME PRONOUNCED DEAD	18c. NAME AND TITLE OF PERSON PRONOUNCING DEATH (PRINT / TYPE)	19. WAS MEDICAL EXAMINER OR CORONER CONTACTED?
01/21/11	1:00 ☐ AM ☒ PM	Leslie Sasser RN	☒ Yes ☐ No

CAUSE OF DEATH

20. PART I. Enter the chain of events—diseases, injuries, or complications—that directly caused the death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest, or ventricular fibrillation without showing the etiology. DO NOT ABBREVIATE. Enter only one cause on a line.

		APPROXIMATE INTERVAL: Onset to Death
IMMEDIATE CAUSE (Final disease or condition resulting in death) →	a. respiratory failure	minutes
Sequentially list conditions, if any, leading to the cause listed on line a. Enter the UNDERLYING CAUSE (disease or injury that initiated the events resulting in death) LAST.	b. Prostate Cancer (Due to (or as a consequence of))	years
	c. Unknown (Due to (or as a consequence of))	
	d.	

PART II. Enter other significant conditions contributing to death but not resulting in the underlying cause given in PART I.

none

21a. WAS AN AUTOPSY PERFORMED? ☐ Yes ☒ No

21b. WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE THE CAUSE OF DEATH? ☐ Yes ☐ No NA

22. MANNER OF DEATH: ☒ Natural ☐ Accident ☐ Suicide ☐ Homicide ☐ Pending Investigation ☐ Could not be determined

23. DID TOBACCO USE CONTRIBUTE TO DEATH? ☐ Yes ☐ Probably ☐ No ☒ Unknown

24. IF FEMALE: NA ☐ Not pregnant within past year ☐ Not pregnant, but pregnant within 42 days of death ☐ Unknown if pregnant within last year ☐ Pregnant at time of death ☐ Not pregnant, but pregnant 43 days to 1 year before death

25a. DATE OF INJURY (Mo/Day/Yr)	25b. TIME OF INJURY	25c. PLACE OF INJURY (e.g. Decedent's home, construction site, restaurant, wooded area)	25d. INJURY AT WORK?
NA	NA ☐ AM ☐ PM	NA	☐ Yes ☐ No NA

25e. LOCATION OF INJURY: (Number, Street, Apartment No., City, State, Zip Code) NA

25f. DESCRIBE HOW INJURY OCCURRED: NA

25g. IF TRANSPORTATION INJURY, SPECIFY: ☐ Driver / Operator ☐ Passenger ☐ Pedestrian ☐ Other (Specify) NA

26a. CERTIFIER (Check only one):

☐ Certifying Physician – To the best of my knowledge, death occurred due to the cause(s) and manner stated.
☐ Pronouncing & Certifying Physician – To the best of my knowledge, death occurred at the time, date, and place, and due to the cause(s) and manner stated.
☐ Medical Examiner – On the basis of examination, and/or investigation, in my opinion, death occurred at the time, date, and place, and due to the cause(s) and manner stated.
☐ Coroner – On the basis of examination, and/or investigation, in my opinion, death occurred at the time, date, and place, and due to the cause(s) and manner stated.
☒ Hospice Registered Nurse - To the best of my knowledge, death occurred due to the cause(s) and manner stated.

SIGNATURE: Leslie Sasser TITLE RN DATE: 01/21/11 (Mo/Day/Yr)

26b. NAME AND COMPLETE MAILING ADDRESS OF PERSON SIGNING ITEM 26a. (Type / Print): Leslie Sasser RN Hospice of the Hills P.O. Box 1925 Harrison AR 72601

26c. LICENSE # RN 51548

27a. SIGNATURE OF REGISTRAR: Neshae Dilday D.R.

27b. FOR REGISTRAR ONLY - DATE FILED (Mo/Day/Yr): January 24, 2011

ARKANSAS DEPARTMENT OF HEALTH SEAL LITTLE ROCK, ARK.

THIS IS TO CERTIFY THAT THE ABOVE IS A TRUE AND CORRECT COPY OF THE CERTIFICATE ON FILE IN THE ARKANSAS DEPARTMENT OF HEALTH.

Mischelle Priebe
Mischelle Priebe
State Registrar

JAN 24 2011

WARNING: A REPRODUCTION OF THIS DOCUMENT RENDERS IT VOID AND INVALID. DO NOT ACCEPT UNLESS EMBOSSED SEAL OF THE ARKANSAS DEPARTMENT OF HEALTH IS PRESENT. IT IS ILLEGAL TO ALTER OR COUNTERFEIT THIS DOCUMENT.

2659035

VR-112

Village of Willowbrook

7760 Quincy Street
Willowbrook, IL 60527-5594

Phone: (630) 323-8215 • Fax: (630) 323-0787 • www.willowbrookil.org

August 8, 2011

MEMO TO: Police Pension Board

FROM: Carrie Dittman, Interim Director of Finance C.D.

SUBJECT: Commander William Bozek Military Buy Back Application

Enclosed for your review is an application for buyback of military time submitted by Commander William Bozek. As noted on the paperwork Commander Bozek would be purchasing 152 days of creditable service which would make his effective start date July 20, 1988. The cost to Commander Bozek would be $6,691.63 payable to the Police Pension Fund as of August 8, 2011.

As required under state statute, as the Interim Finance Director acting as Pension Fund Treasurer I have attached Commander Bozek's military buyback calculation.

Village of Willowbrook Police Pension Fund
Purchase of Military Service Time Served Prior to Employment

Member's Name:	William Bozek
Date of Hire by Pension Fund:	12/19/1988
Date of Military Service:	07/22/1980-11/16/1982 **
Military Service Time (Months and Days):	152 days (per DOI)
Dates for which creditable service is being credited :	7/20/1988-12/18/1988
Member's Annualized Pensionable Salary as of the Date of Hire:	25,355.20
Date of payment to credit additional service time:	8/8/2011
Fiscal year end of Fund:	30-Apr

						July	12.00			
						Aug	31.00			
						Sept	30.00			
						Oct	31.00			
						Nov	30.00			
						Dec	18.00			
							152.00			
Police Pension Fund Fiscal Year End	Assumed Salary as Military Employee (through FYE)	(1) Total Normal Cost Percentage (as of FYE)	Total Normal Cost (Employee Contributions and Employer Normal Cost)	(2) Interest Period			Interest Rate	Total Normal Cost (Employee Contributions and Employer Normal Cost) Plus Interest		# days
4/30/89	10,558.88	13.70%	1,446.57						7/20/1988-12/18/1988	152
			1,446.57	22 year, 7 months, 20 days		22.64	7.00%	6,691.63		
								Total Contributions required to be paid to the Article 3 Police Pension Fund		

(1) Department of Insurance Actuarial Valuation Balance Sheet/Actuarially Determined Tax Levy report.

(2) The Interest Period is the period of time between the date of membership in the fund (12/19/1988) and the date of payment (8/8/11). The interest rate for periods through fiscal years ending in 1986 is 6.5%, after that is 7.0%.

**This period of time covers both active time of 3 months, 4 days and reserve time; actual number of days calculated by and confirmed with the Dept of Insurance on 7/27/11 was 152 days.

Election to Purchase Military Service Time Served Prior to Employment
Village of Willowbrook Police Pension Fund

By signing below, I request that a calculation be performed per Public Act 096-1260, to determine the amount of money due from me to my Police Pension Fund to transfer up to 24 months of military service time served prior to my hiring by the police department.

I have attached documentation of my military service. I understand that I am giving consent to the performance of the calculation only and that I am not advising any party of commitment on my part to remit funds.

Member Name: William D. Bozek

Address: _____

City, State, Zip Code: _____

Telephone Number: _____

Date of Hire: 12.19.88

Military Service Dates I wish to Purchase (up to 24 months). Please include month/date/year.

From 07/22/80 to 11/16/82 SEE ATTACHED FORMS FROM THE ILLINOIS DEPT. OF INSURANCE. 5 months AND 2 DAYS OF SERVICE

Member Signature William D. Bozek

Date of Signature 07.21.11

To Be Completed by a Pension Board Trustee:

Annualized Pensionable Salary as of the Date of Hire: $12.19/hr x 2,080 = $25,355.20

Additional Comments: _____

Signature of Pension Fund Representative _____ Date 7-22-11

Please Forward To:
Village of Willowbrook Finance Dept.
c/o Carrie Dittman
7760 Quincy St.
Willowbrook, IL 60527

Rev 12/10

Illinois Department of Insurance

PAT QUINN
Governor

JACK MESSMORE
Acting Director

July 21, 2011

William D. Bozek
Police Officer
Willowbrook Police Department

Dear Mr. Bozek,

I am writing in response to your letter of June 24, 2011 requesting an advisory opinion pursuant to Section 1A-106 of the Pension Code (40 ILCS 5/1A-106). The Department of Insurance Public Pension Division's response is based on the assertions made in your inquiry. If the assertions made in your inquiry change or are not complete, the opinion given below may no longer be appropriate given the new set of facts.

Your inquiry seeks the Department of Insurance Public Pension Division's position regarding your military service in the Army National Guard and the Army Reserve as it pertains to creditable service which may be included in the Willowbrook Police Pension Fund. Specifically you are seeking to find out how much military service time you are eligible to have included in the Willowbrook Police Pension Fund. Included in the information sent to me was your cover letter, a Form DD-214, a Form DD 4/1 82 Feb, a Form DD 4/1 84 Feb, six Form DA 1380 1 Feb 75, and a packet of information titled Army National Guard Retirement Credits Record.

It is the Department of Insurance Public Pension Division's recommendation that the pension fund allow active military service time and training service time to be included as creditable service time in the Article 3 pension fund upon receipt of the required payment by the police officer. It is also the recommendation of the Division that the pension fund obtain verification of the requested military service time to be included in the Article 3 pension fund.

From our review of the provided documentation as listed below it appears that the corresponding military service time is verified. An issue exists as to whether or not these documents verify time inclusively or exclusively.

Form	Military Service Time	Date
DD-214	Active Service: 3 months, 4 days	3/9/81 – 6/12/81
DD 4/1 82 FEB	Confirms DD-214 service	
DD 4/1 84 FEB	Confirms DD-214 service	
DA 1380 (six forms)	Training: 6 - 8 hour days and 2 - 4 hour days	During '86 & '87
Retirement Credits Record	152 points, general equivalent is 152 days	7/22/80 – 11/16/82
Retirement Credits Record –	Section 11, 17. Military schools	
	USAIS – Basic ABN	3 weeks 1983
	Fort Ben Harris IND – Comp/Mach OP	8 weeks 1981

320 West Washington St.
Springfield, Illinois 62767-0001
(217) 782-4515

Assuming an equivalent conversion of 152 point to 152 day and that an average month is 30 days, the points earned between July 22, 1980 and November 16, 1982 verifies 5 months and 2 days of service. The documentation does not tell us if the DD-214 time is included in the points listed on the Retirement Credits Record or not. The time included on the six Form 1380s is not included in the DD-214 or in the points listed on the Retirement Credits Record as well as the 3 weeks of Basic ABN training and 8 weeks of Comp/Mach OP training listed on the Retirement Credits Record. At minimum, unless the time listed on the DD-214 of 3 month and 4 days can be shown to be in addition to the points shown on the Retirement Credits Record, it would appear that the Division would recommend the military time to be included as Article 3 creditable service, upon payment, to include the following:

⇒ 152 days

Form	Military Service Time		Date
DA 1380 (six forms)	Training: 6 - 8 hour days and 2 - 4 hour days		During '86 & '87
Retirement Credits Record	152 points, general equivalent is 152 days		7/22/80 – 11/16/82
Retirement Credits Record – Section 11, 17. Military schools			
	USAIS – Basic ABN	3 weeks	1983
	Fort Ben Harris IND – Comp/Mach OP	8 weeks	1981

The Department of Insurance Public Pension Division continues to work on obtaining clarity to the definition of military service as it pertains to creditable service time in the Article 3 and Article 4 pension funds.

If you have any further questions, please contact me at (217) 785-7410.

Sincerely,

Scott J. Brandt
Public Pension Division

SJB:sjb/MilitaryServicePurchaseWillowbrookPolBozek072111.doc

Willowbrook Pension Board:
Willowbrook Police Department

June 24, 2011

My name is William Bozek and I am currently employed by the Village of Willowbrook Police Department. I am submitting this letter to you in an attempt to check on my credible service from the military for my pension.

I have also spoken with Scott Brandt of the Illinois Department of Insurance. Mr. Brandt advised me to also send the request down to him, along with copies of all my military records. He stated that the Illinois Department of Insurance will notify me of what they consider to be an appropriate number of credible service days for my pension.

I will turn over to you, copies of the paperwork that I received from the Veterans Administration. I am available to help decipher them also. I served in the military from July 22, 1980, to July 23, 1987. I initially enlisted in the Army National Guard on July 22, 1980, and Re-enlisted in the Army Reserve on November 17, 1982. I finished out my service on July 23, 1987, (My last record of Individual Performance of Reserve Duty Training, DA-1380).

I placed a "look-up" of my records to the Veterans Administration in an attempt to identify the total number of training dates I attended during this time frame. The records sent to me are very vague and do not indicate my actual dates of attendance.

My DD-214 form indicates my initial active duty time as 3 months and 4 days. This active duty time only includes my initial Basic Training and AIT training.

My Re-enlistment form, DD-4/1 which was signed on October 19, 1986, indicates my total Inactive service at 6 years, 2 months, and 3 days. It does not include my time until July 23, 1987, when I left the service.

Due to the lack of records indicating my actual and complete time served, I have figured out a very conservative number of training dates. This number includes the advertised "1 weekend a month and 2 weeks in the summer", even though I had on many occasions attended two (2) camps a year, some longer than 2 weeks in length, advanced parties for annual training, and many dates of Friday, attached to my drill weekend dates of Saturday and Sunday. Furthermore, I have not included numerous miscellaneous training dates when I would travel to Texas and Kansas City for parachute details.

Below, please find my breakdown of my training:

1980:

> Enlisted on July 22, 1980, in the National Guard. I attended at least 2 training dates a month until December 31, 1980. The training I counted was 5 months at 2 days each per month for a total of **10 days**. I did not count the enlistment month of July.

1981:

I attended Basic Training and AIT which is included on my DD-214 as **3 months and 4 days of Active Duty Training**. I also attended 8 months of drills, not counting the 3 months that I was away at Basic and AIT, or the final month of my actual 2 week camp. The total training attended for 1981 was **2 weeks for the camp, and 16 days** for my drill weekends.

1982:

Re-enlisted in the US Army Reserve on November 17, 1982. I attended 11 months worth of drills and a camp of 2 weeks. I deducted 1 month for my camp month. The total training attended for 1982 was **2 weeks for the camp, and 22 days** for my drill weekends.

1983:

I attended 10 months worth of drills and a camp of 2 weeks. I also attended Airborne school which was 3 weeks in length. I deducted 2 months worth of training dates due to camp and Airborne school. The total training attended for 1983 was **5 weeks for camp and Airborne School, and 20 days** for my drill weekends.

1984:

I attended 11 months worth of drills and a camp of 2 weeks. I deducted 1 month for my camp month. The total training attended for 1984 was **2 weeks for the camp, and 22 days** for my drill weekends.

1985:

I attended 11 months worth of drills and a camp of 2 weeks. I deducted 1 month for my camp month. The total training attended for 1985 was **2 weeks for the camp, and 22 days** for my drill weekends.

1986:

I attended 11 months worth of drills and a camp of 3 weeks. I deducted 1 month for my camp month. The total training attended for 1986 was **3 weeks for the camp, and 22 days** for my drill weekends. This year had a 3- week camp due to running a Winter Warfare Training Center up in Alaska.

1987:

My records indicate that I trained up until July 23, 1987. I attended 7months worth of drills. The total training attended for 1987 was **14 days** for my drill weekends.

I have also attached with my paperwork, eight additional dates of training dates of 6-8 hours dates, and 2-4 hour dates. These were in addition to my normal weekend drills.

06/22/89: One 4-hour day.

12/22/86	One 8-hour day
12/23/86	One 8-hour day
02/27/87	One 8-hour day
03/13/87	One 8-hour day
04/09/87	One 8-hour day
07/22/87	One 4-hour day
07/23/87	One 8-hour day

The total training dates as indicated above equal:

Active Duty:

3 Months, 4 Days

Inactive Duty Days of Training:

16 Weeks, 154 Days

TOTAL TRAINING TIME:

3 Months, 16 Weeks, 157 Days

Adding this time together, I have come up with over **365 days of actual training.** As earlier stated, this is a very conservative number of training dates that I actually attended.

As a result of this study, I am requesting that I am eligible for 365 days of military credit and that this time be reviewed and figured out as my credible service. Please review my paperwork and advise me as to your findings for my credible service. Thank you for your review.

Sincerely:

William D. Bozek

FROM ACTIVE DUTY

1. NAME (Last, first, middle): BOZEK, WILLIAM DAVID
2. DEPARTMENT, COMPONENT AND BRANCH: ARMY/ARNG
3. SOCIAL SECURITY NO:
4a. GRADE, RATE OR RANK: PVT
4b. PAY GRADE: E1
5. DATE OF BIRTH:
6. PLACE OF ENTRY INTO ACTIVE DUTY: CHICAGO, IL
7. LAST DUTY ASSIGNMENT AND MAJOR COMMAND: CO D 2D BN TRP BDE FBH, IN TRADOC TC
8. STATION WHERE SEPARATED: FBH, IN
9. COMMAND TO WHICH TRANSFERRED: HHD 108TH SPT BN, IL ARNG, CHICAGO, IL 60651
10. SGLI COVERAGE: AMOUNT $ 20 000 ☐ NONE
11. PRIMARY SPECIALTY NUMBER, TITLE AND YEARS AND MONTHS IN SPECIALTY (Additional specialty numbers and titles involving periods of one or more years): 74D10, Computer/ Machine Operator,

12. RECORD OF SERVICE	YEAR(S)	MONTH(S)	DAY(S)
a. Date Entered AD This Period	81	03	09
b. Separation Date This Period	81	06	12
c. Net Active Service This Period	00	03	04
d. Total Prior Active Service	00	00	00
e. Total Prior Inactive Service	00	07	17
f. Foreign Service	00	00	[illegible]
g. Sea Service	00	00	00
h. Effective Date of Pay Grade	80	07	22
i. Reserve Oblig. Term. Date	84	07	21

13. DECORATIONS, MEDALS, BADGES, CITATIONS AND CAMPAIGN RIBBONS AWARDED OR AUTHORIZED (All periods of service): RIFLE M16 EXPERT QUAL BADGE

14. MILITARY EDUCATION (Course Title, number weeks, and month and year completed): COMPUTER/ MACHINE OPERATOR (74D) 6 Weeks JUNE 1981

15. MEMBER CONTRIBUTED TO POST-VIETNAM ERA VETERANS' EDUCATIONAL ASSISTANCE PROGRAM: ☐ YES ☒ NO
16. HIGH SCHOOL GRADUATE OR EQUIVALENT: ☒ YES ☐ NO
17. DAYS ACCRUED LEAVE PAID:
18. REMARKS: NA

RANK 70 PAGE 1 [illegible]

DOC. NO. _____
FILED FOR RECORD IN RECORDERS OFFICE OF DUPAGE COUNTY, ILLINOIS

AUG 31 1981 -1 [illegible] PM

[signature] RECORDER

19. MAILING ADDRESS AFTER SEPARATION:
20. MEMBER REQUESTS COPY 6 BE SENT TO ___II___ DIR. OF VET AFFAIRS ☒ YES ☐ NO
21. SIGNATURE OF MEMBER BEING SEPARATED: [signature]
22. TYPED NAME, GRADE, TITLE AND SIGNATURE OF OFFICIAL AUTHORIZED TO SIGN: AR DESSAUER, SFC, ASST AG

MEMBER - 1

23. TYPE OF SEPARATION: RELIEF FROM ADT
24. CHARACTER OF SERVICE: HONORABLE
25. SEPARATION AUTHORITY: PARA 5-15 AR 635-200
26. SEPARATION CODE: MCD
27. REENLISTMENT CODE: 1[illegible]

COMPLETION OF ADT

29. DATES OF TIME LOST DURING THIS PERIOD: NONE
30. MEMBER REQUESTS COPY: 1

ENLISTMENT / REENLISTMENT DOCUMENT - ARMED FORCES OF THE UNITED STATES

A. IDENTIFICATION DATA

1. NAME (Last-First-Middle-Jr-Sr-etc.)	2. SSN	3. DATE OF ENL / REENL	4. GRADE
BOZEK WILLIAM DAVID		17 NOVEMBER 1982	PFC E-3

5. HOME OF RECORD (City, State, ZIP Code)	6. PLACE OF ENLISTMENT / REENLISTMENT
	MEPS Chicago IL

7. DATE OF BIRTH	8. SELECTIVE SERVICE NO.	9. PREV MIL SVC UPON ENL / REENL	YEARS	MONTHS	DAYS
--	☐ NOT REGISTERED	a. Total Active Military Service	00	03	04
		b. Total Inactive Military Service	02	03	02

B. AGREEMENTS

10. I am enlisting/reenlisting in the United States ARMY RESERVE this date for 4 years beginning in pay grade E-3. The additional details of my enlistment/reenlistment are in Section C and Annex(es) A

a. **FOR ENLISTMENT IN A DELAYED ENTRY/ENLISTMENT PROGRAM *(DEP)***, I understand that I will be ordered to active duty as a Reservist unless I report to the place shown in item 6 above by _____ (time and date) for enlistment in the Regular Component of the United States for not less than _____ years. My enlistment in the DEP is in a nonpay status. I understand my period of time in the DEP is creditable for pay purposes upon enlistment on active duty. I also understand that this time is NOT counted toward fulfillment of my military service obligation or commitment. I must maintain my current qualifications, and keep my recruiter informed of any changes in my physical or dependency status, moral qualifications, or mailing address.

b. Remarks: *(If none, so state.)*

NONE

c. The agreements in this section and the attached annex(es) are all the promises made to me by the Government. **ANYTHING ELSE ANYONE HAS PROMISED ME IS NOT VALID AND WILL NOT BE HONORED.** WDB
(Initials of Enlistee/Reenlistee)

C. PARTIAL STATEMENT OF EXISTING UNITED STATES LAWS

11. **FOR ALL ENLISTEES OR REENLISTEES:** Many laws, regulations, and military customs will govern my conduct and require me to do things a civilian does not have to do. The following statements are not promises or guarantees of any kind. They explain some of the present laws affecting the Armed Forces which I cannot change but which Congress can change at any time.

a. My enlistment is more than an employment agreement. As a member of the Armed Forces of the United States, I will be:

(1) Required to obey all lawful orders and perform all assigned duties.

(2) Subject to separation during or at the end of my enlistment. If my behavior fails to meet acceptable military standards, I may be discharged and given a certificate for less than honorable service, which may hurt my future job opportunities and my claim for veteran's benefits.

(3) Subject to the military justice system, which means, among other things, that I may be tried by military courts-martial.

(4) Required upon order to serve in combat or other hazardous situations.

(Continued on page 2, reverse side)

C. PARTIAL STATEMENT OF EXISTING UNITED STATES LAWS *(Continued from page 1)*

(5) Entitled to receive pay, allowances, and other benefits as provided by law and regulation.

b. Laws and regulations that govern military personnel may change without notice to me. Such changes may affect my status, pay, allowances, benefits, and responsibility as a member of the Armed Forces **REGARDLESS** of the provisions of this enlistment/reenlistment document.

c. In the event of war, my enlistment in the Armed Forces continues until 6 months after the war ends, unless my enlistment is ended sooner by the President of the United States.

12. Military Service Obligation. *(FOR ALL MEMBERS OF THE ACTIVE AND RESERVE COMPONENTS, INCLUDING THE NATIONAL GUARD.)*

a. **FOR ALL ENLISTEES:** I must serve a total of 6 years. Any part of that service not served on active duty must be served in a Reserve Component unless I am sooner discharged.

b. If I am a member of a Reserve Component of an Armed Force at the beginning of a period of war or national emergency declared by Congress, or if I become a member during that period, my military service may be extended without my consent until 6 months after the end of that period.

c. As a member of a Reserve Component, in time of war or national emergency declared by the Congress, I may be required to serve on active duty *(other than for training)* for the entire period of the war or emergency and for 6 months after its end.

d. As a member of the Ready Reserve I may be required to perform active duty or active duty for training without my consent *(other than as provided in paragraph 10 of this document)* as follows:

(1) In time of national emergency declared by the President of the United States, I may be ordered to active duty *(other than for training)* for not more than 24 consecutive months.

(2) I may be ordered to active duty for 24 months, and my enlistment may be extended so I can complete 24 months of active duty, if:

(a) I am not assigned to or participating satisfactorily in a unit of the Ready Reserve; and

(b) I have not met my Reserve obligation; and

(c) I have not served on active duty for a total of 24 months.

(3) I may be ordered to perform additional active duty training for not more than 45 days if I have not fulfilled my military service obligation and fail in any year to perform the required training duty satisfactorily. If the failure occurs during the last year of my required membership in the Ready Reserve, my enlistment may be extended until I perform that additional duty, but not for more than 6 months.

(4) When determined by the President that it is necessary to support any operational mission, I may be ordered to active duty for not more than 90 days if I am a member of the Selected Reserve.

13. **IF ENLISTING IN THE NAVY OR MARINE CORPS:** I understand that if I am serving on a naval vessel in foreign waters, and my enlistment expires, I will be returned to the United States for discharge as soon as possible consistent with my desires. However, if essential to the public interest, I understand that I may be retained on active duty until the vessel returns to the United States. If I am retained under these circumstances, I understand I will be discharged not later than 30 days after my return to the United States; and, that except in time of war, I will be entitled to an increase in basic pay of 25 percent from the date my enlistment expires to the date of my discharge.

D. CERTIFICATION AND ACCEPTANCE

14. My acceptance for enlistment is based on the information I have given in my application for enlistment. If any of that information is false or incorrect, this enlistment may be voided or terminated administratively by the Government or I may be tried by a Federal, civilian, or military court and, if found guilty, may be punished.

I CERTIFY THAT I HAVE CAREFULLY READ THIS DOCUMENT. Any questions I had were explained to my satisfaction. I fully understand that **ONLY THOSE AGREEMENTS IN SECTION B OF THIS DOCUMENT OR RECORDED ON THE ATTACHED ANNEX(ES) WILL BE HONORED. ANY OTHER PROMISES OR**

(Continued on page 3 (DD Form 4/2) attached)

CERTIFICATE AND ACKNOWLEDGEMENT OF SERVICE REQUIREMENTS FOR INDIVIDUALS ENLISTING, REENLISTING, OR TRANSFERRING, INTO TROOP PROGRAM UNITS OF THE US ARMY RESERVE

For use of this form, see AR 135-91 and AR 140-111; the proponent agency is RCPAC.

DATA REQUIRED BY THE PRIVACY ACT OF 1974

AUTHORITY:	Title 10, USC Section 270, 10 USC 511, 10 USC 673a & Executive Order 9397, 22 November 1943.
PRINCIPAL PURPOSE:	To explain obligation and participation requirements and to insure that your agreement to these conditions is a matter of record.
ROUTINE USES:	Confirmation of obligation and participation requirements; occasionally as a basis for non-participation action if requirements are not met.
DISCLOSURE:	Disclosure of your SSN is voluntary, however, if not provided you will not be enlisted.

SECTION I – APPLICABILITY

This certificate and acknowledgement of service requirements will be completed by all individuals enlisting, reenlisting, or transferring, into troop program units of the US Army Reserve under the provisions of AR 135-91 and AR 140-111. It is not applicable to personnel enlisting in the US Army Reserve under the provisions of AR 601-210, or enrolling in the ROTC program in accordance with AR 145-1.

SECTION II – INSTRUCTIONS

For individuals *enlisting or reenlisting* in the US Army Reserve: the guidance counselor, or the officer administering the Oath of Enlistment, is responsible to read and explain the service requirements set forth below. Following the reading, explanation, affixing of proper signatures and the administration of the Oath of Enlistment, a copy of this signed form will be stapled to each copy of the signed enlistment agreement.

For individuals *transferred or reassigned* to a troop program unit of the US Army Reserve: the unit commander, or his designated representative, is responsible to read and explain the service requirements set forth below. Following the reading, explanation and affixing of proper signatures, a copy will be provided to the individual, a copy will be filed in the member's MPRJ, and the original copy will be forwarded to Commander, RCPAC, ATTN: AGUZ-RMR-R, 9700 Page Blvd., St. Louis, MO 63132, for inclusion in the member's OMPF.

SECTION III – EXPLANATION TO APPLICANT/MEMBER

In connection with membership in the US Army Reserve, it is my duty and responsibility to explain the service and participation requirements that are applicable. If, during the course of this explanation, you have any questions, or want further clarification, advise me and I will explain all matters to your satisfaction and understanding before proceeding. Following the administration of the Oath of Enlistment, *if you are enlisting or reenlisting*, you will be furnished an Enlistment Document *(DD Form 4/1 through 4/4)* which you will be required to sign. An exact copy of this explanation with your signature will be attached to all copies of your Enlistment Document. *If you are being transferred or reassigned* to a troop program unit of the US Army Reserve, an exact copy of this explanation will be inserted in your military records. In either case I will furnish you a copy of this signed statement.

This certificate is required by regulation when you have voluntarily elected one of the following option: *(Individual will initial next to the checked transaction.)*

1. ☐ *TRANSFER OR REASSIGNMENT TO A TROOP PROGRAM UNIT OF THE US ARMY RESERVE.* This requires that you continue training with your assigned unit and continue satisfactory participation in the Ready Reserve for the remaining period of service on your current statutory or contractual obligation.

2. *IMMEDIATE REENLISTMENT.* As a current member of the US Army Reserve I am reenlisting for continued service in a troop program unit and satisfactory participation in the Ready Reserve for the entire period of service stipulated on the enlistment document to which this is attached.

3. ☐ *ENLISTMENT/REENLISTMENT OF PRIOR SERVICE MEMBER HAVING NO REMAINING STATUTORY MILITARY SERVICE OBLIGATION.* I am currently not a member of the US Army Reserve, but I have had previous military service in the Armed Forces of the United States and I have no remaining statutory military

NAME OF ENLISTEE/REENLISTEE (Last, First, Middle)	SOCIAL SECURITY NO. OF ENLISTEE/REENLISTEE
BOZEK WILLIAM DAVID	

D. CERTIFICATION AND ACCEPTANCE

13a. My acceptance for enlistment is based on the information I have given in my application for enlistment. If any of that information is false or incorrect, this enlistment may be voided or terminated administratively by the Government or I may be tried by a Federal, civilian, or military court and, if found guilty, may be punished.

I CERTIFY THAT I HAVE CAREFULLY READ THIS DOCUMENT. ANY QUESTIONS I HAD WERE EXPLAINED TO MY SATISFACTION. I FULLY UNDERSTAND THAT ONLY THOSE AGREEMENTS IN SECTION B OF THIS DOCUMENT OR RECORDED ON THE ATTACHED ANNEX(ES) WILL BE HONORED. ANY OTHER PROMISES OR GUARANTEES MADE TO ME BY ANYONE ARE WRITTEN BELOW: *(If none, X "NONE" and initial)* [XX] NONE WDB *(Initials of enlistee / reenlistee)*

b. SIGNATURE OF ~~ENLISTEE~~/REENLISTEE	c. DATE SIGNED (YYMMDD)
William David Bozek	861019

14a. On behalf of the United States *(list branch of service)* ~~ARMY RESERVE~~ I accept this applicant for enlistment. I have witnessed the signature in item 13b of this document. I certify that I have explained that only those agreements in Section B of this form and in the attached Annex(es) will be honored, and any other promises made by any person are not effective and will not be honored.

SERVICE REPRESENTATIVE INFORMATION

b. NAME (Last, First, Middle)	c. PAY GRADE	d. UNIT/COMMAND NAME
HOURIGAN RICHARD R.	O-4	12thSVCO, 12thSFGA
e. SIGNATURE	**f. DATE SIGNED (YYMMDD)**	**g. UNIT/COMMAND ADDRESS (City, State, ZIP Code)**
	861019	1101 W. CENTRAL RD. ARLINGTON HTS., IL 60005

E. CONFIRMATION OF ENLISTMENT OR REENLISTMENT

15. IN THE ARMED FORCES EXCEPT THE NATIONAL GUARD (ARMY OR AIR):
I, WILLIAM DAVID BOZEK, do solemnly swear (or affirm) that I will support and defend the Constitution of the United States against all enemies, foreign and domestic; that I will bear true faith and allegiance to the same; and that I will obey the orders of the President of the United States and the orders of the officers appointed over me, according to regulations and the Uniform Code of Military Justice. So help me God.

16. IN THE NATIONAL GUARD (ARMY OR AIR):
I, _____, do solemnly swear (or affirm) that I will support and defend the Constitution of the United States and the State of _____ against all enemies, foreign and domestic; that I will bear true faith and allegiance to the same; and that I will obey the orders of the President of the United States and the Governor of _____ and the orders of the officers appointed over me, according to law and regulations. So help me God.

17. IN THE NATIONAL GUARD (ARMY OR AIR):
I do hereby acknowledge to have voluntarily enlisted/reenlisted this _____ day of _____ 19_____ in the _____ National Guard and as a Reserve of the United States *(list branch of service)* _____ with membership in the _____ National Guard of the United States for a period of _____ years, _____ months, _____ days, under the conditions prescribed by law, unless sooner discharged by proper authority.

18a. SIGNATURE OF ~~ENLISTEE~~/REENLISTEE	b. DATE SIGNED (YYMMDD)
William D. Bozek	861019

19a. The above oath was administered, subscribed, and duly sworn to (or affirmed) before me this date.

ENLISTMENT / REENLISTMENT OFFICER INFORMATION

b. NAME (Last, First, Middle)	c. PAY GRADE	d. UNIT/COMMAND NAME
HOURIGAN RICHARD R.	O -4	12thSVCO, 12thSFGA
e. SIGNATURE	**f. DATE SIGNED (YYMMDD)**	**g. UNIT/COMMAND ADDRESS (City, State, ZIP Code)**
	861019	ARLINGTON HTS., IL 60005

SECTION IV – SATISFACTORY PARTICIPATION

I understand that I must participate satisfactorily during the entire period of my enlistment or assignment to the Ready Reserve in accordance with the rules and regulations now in effect, or which may be hereafter placed into effect, by the proper authority. Satisfactory participation in the Ready Reserve currently is defined as follows:

1. After completing your active duty for training *(if required)* you will serve the remaining period of your enlistment with your assigned unit unless the option you selected provided for transfer to the Individual Ready Reserve after a period of time in your unit.

2. You will be required to attend all scheduled unit training assemblies *(at least 48 per year)* unless you are excused by proper authority. If you accrue 9 or more unexcused absences during any continuous 365-day period you may be declared an unsatisfactory participant. A member who attends a scheduled unit training assembly must be in the prescribed uniform, present a neat soldierly appearance, and perform his/her duties in a satisfactory manner to receive credit for attendance. In the event you do not receive credit for attendance for any of the reasons I have explained you will be charged with an unexcused absence.

3. As a member of a unit you will be required to satisfactorily complete one period of annual active duty for training of not less than 14 days per year, exclusive of travel time unless excused therefrom by proper authority.

4. If through reasons beyond your control, you lose your unit assignment and are assigned by proper authority to the Individual Ready Reserve *(IRR)*, you may be required to complete a period of not more than 30 days active duty for training each year.

5. If you change residence to a location too distant to permit continued participation with your unit, you will be authorized a period of not more than 90 days of excused absence from training. During this 90-day period you must locate and join another Reserve Component unit.

6. You will be responsible for keeping your commander advised of your current mailing address at which you will receive official correspondence.

7. You will be responsible for replying to and complying with all official orders and correspondence which you may receive.

8. If you fail to participate satisfactorily for any of the reasons I have explained or which may be placed into effect hereafter by proper authority, you may be declared an unsatisfactory participant and may be subject to removal from the unit and transfer to the Individual Ready Reserve *(IRR)* under other than honorable conditions.

9. During the entire period of this enlistment, while you are a member of the Ready Reserve, you may at any time be ordered to active duty involuntarily as a member of a unit or as an individual if not assigned to a nuit, in the event of a war or national emergency declared by the Congress of the President of the United States or under any other conditions authorized by law in effect at the time of your enlistment or which may hereafter be enacted into law.

SECTION V – ADDITIONS OR CHANGES TO THIS CERTIFICATE

☒ A check in this block indicates that an Addendum has been completed, *signed by the applicant*, and attached hereto. This Addendum is to be considered an integral part of this certificate and it may add, alter, or delete, certain portions of this certificate. Only Addendums that have been authorized by HQDA publications may be used for this purpose.

SECTION VI – STATEMENT OF ACKNOWLEDGEMENT AND UNDERSTANDING OF ENLISTMENT, REENLISTMENT, OR UNIT ASSIGNMENT, OBLIGATIONS

I , the undersigned, having voluntarily elected to become a member of a troop program unit of the US Army Reserve, acknowledge that all of the conditions of such membership as outlined on this certificate, were read and explained to me by the officer, or guidance counselor, whose signature appears below. I have been advised

SECTION VI – STATEMENT OF ACKNOWLEDGEMENT AND UNDERSTANDING OF ENLISTMENT, REENLISTMENT, OR UNIT ASSIGNMENT, OBLIGATION *(Continued from page 3)*

of my responsibilities with respect to satisfactory participation in the Ready Reserve and I understand them.

TYPED NAME	SOCIAL SECURITY NUMBER
WILLIAM DAVID BOZEK	
SIGNATURE William David Bozek	**DATE SIGNED** 861019

SECTION VII – CERTIFICATION BY OFFICER OR GUIDANCE COUNSELOR

I certify that I have read and explained all of the conditions and stipulations concerning the specific program set forth above under which the individual is, or will become, a member of a troop program unit of the US Army Reserve. Following this reading and explanation, a copy of this certificate was furnished the above named individual.

TYPED NAME AND RANK	TITLE
MAJ. RICHARD R. HOURIGAN	COMMANDING
SIGNATURE	**DATE SIGNED** 861019

REMARKS

service obligation. This enlistment will require that I commence training with a troop program unit immediately. I will be required to maintain satisfactory participation in the Ready Reserve for the entire period of service stipulated in the Enlistment Document to which this is attached.

4. ☐ *ENLISTMENT/REENLISTMENT OF A PRIOR SERVICE MEMBER WITH A REMAINING STATUTORY MILITARY SERVICE OBLIGATION.* I am currently a member of another Armed Force of the United States, or a member of the Army National Guard, and I have been granted a conditional release to permit enlistment in the US Army Reserve. I incurred a six-year military service obligation upon entry into the military service and I have not completed that obligation; therefore, this enlistment into the US Army Reserve is, at least, for the minimum period of service remaining of my statutory obligation. This enlistment will require that I commence training with a troop program unit immediately. I will be required to maintain satisfactory participation in the Ready Reserve for the entire period of service stipulated on the Enlistment Document to which this is attached.

5. ☐ *ENLISTMENT/REENLISTMENT OF A FORMER MEMBER OF THE ARMED FORCES WHO WAS DISCHARGED PRIOR TO COMPLETION OF AN INCURRED SIX-YEAR MILITARY SERVICE OBLIGATION.* I am currently not a member of the Armed Forces of the United States. During my last previous military service I incurred a statutory military service obligation of six years and when last discharged I had not completed the full six years. Therefore, this enlistment into the US Army Reserve is for a term of service that will equal, or exceed, the period of service that is required to complete the remaining portion of the six-year obligation. This enlistment requires that I commence training with a troop program unit immediately. I will be required to maintain satisfactory participation in the Ready Reserve for the entire period of service stipulated on the Enlistment Document to which this is attached.

6. ☐ *INITIAL ENLISTMENT AS A NON-PRIOR SREVICE APPLICANT.* I have had no previous military service on active duty, or active duty for training, in the Armed Forces of the United States and upon executing this enlistment I will incur a statutory military service obligation of six years. The enlistment option that I have selected provides that I will be a member of a troop program unit for a period of _____ years and a member of the Individual Ready Reserve *(IRR)* for the balance of my six-year service obligation unless I elect to remain with the troop program unit, or unless I am discharged from this enlistment agreement as a result of appointment as a commissioned officer, or warrant officer. I also understand that I will be further required:

a. Unless otherwise stipulated on an Addendum attached to this certificate *(see Section V below)*, to enter and satisfactorily complete an initial period of active duty for training *(IADT)* to become qualified in a military occupational speciality *(MOS)* as soon as a training space is available. Training spaces are normally available within 180 days following enlistment although additional delay may be necessary for military reasons.

b. If for any reason beyond my control I am unable to complete the training during the period for which I was initially ordered to active duty for training *(IADT)* I agree to:

(1) Remain on active duty for training for such additional period as is required to complete my training, *or*

(2) Accept training in an alternate military occupational speciality *(MOS)* if offered, and remain on active duty for training for such additional training as is required to complete such training.

c. If I enlist for assignment to a position requiring airborne training and I refuse to undergo, or fail to complete, such training for reasons within my control, or after receiving a parachutist rating I refuse to participate in airborne training, I will be assigned to a unit vacancy for which I am, or can be, qualified, or if such assignment is not available I will be subject to transfer to the Individual Ready Reserve.

d. If I qualify for enlistment under a training/pay category that authorizes me to be in a paid training status, I will commence training with my unit while I am awaiting entry on initial active duty for training *(IADT)*. If I am not authorized to be in a paid training status upon enlistment I may voluntarily attend scheduled drills with my unit until such time as I am authorized to be paid and then I will commence training with my unit.

e. I will be required to perform satisfactory participation in the Ready Reserve for a period of six years.

ENLISTMENT/REENLISTMENT DOCUMENT — ARMED FORCES OF THE UNITED STATES

A. IDENTIFICATION DATA

1. NAME (Last · First · Middle · Jr · Sr · etc.)	2. SSAN	3. DATE OF ENL/REENL	4. GRADE
BOZEK, WILLIAM DAVID		22 JULY 1980	PV1 E-1

5. HOME OF RECORD (City, State, ZIP Code)	6. PLACE OF ENLISTMENT/REENLISTMENT
	HHC, 108th Spt Bn, 1551 N. Kedzie Ave, Chicago, Illinois 60651

7. DATE OF BIRTH	8. SELECTIVE SERVICE NO.	9. PREV MIL SVC UPON ENL/REENL	YEARS	MONTHS	DAYS
		a. Total Active Military Service	00	00	00
	X NOT REGISTERED	b. Total Inactive Military Service	00	00	00

B. AGREEMENTS

ARMY NATIONAL GUARD OF THE UNITED STATES

10. I am enlisting/reenlisting in the _____ on 22ND JULY, 1980

for 4 years in pay grade E3. The additional details of my enlistment/reenlistment are in Section C and Annex(es) A.

a. *FOR ENLISTMENT IN A DELAYED ENTRY/ENLISTMENT PROGRAM (DEP) (Not applicable to the Army or Air National Guard):* I understand that I will, within _____ days, be ordered to active duty as a Reservist for _____ years unless I enlist in the Regular Component of the United States _____ for not less than _____ years. My enlistment in the DEP is in a non-pay status. I must maintain my current qualifications and keep my recruiter informed of any changes in my physical or dependency status, moral qualifications, or mailing address.

b. Remarks: *(If "None" so state)*

Enlisted Under The 4X2 Program.

c. The agreements in this section and the attached annex(es) are all the promises made to me by the Government. ANYTHING ELSE ANYONE HAS PROMISED ME IS NOT VALID AND WILL NOT BE HONORED. WDB

(Initials of Enlistee/Reenlistee)

C. PARTIAL STATEMENT OF EXISTING UNITED STATES LAWS

11. *FOR ALL ENLISTEES OR REENLISTEES:* Many laws, regulations, and military customs will govern my conduct and require me to do many things a civilian does not have to do. The following statements are not promises or guarantees of any kind. They explain some of the present laws affecting the Armed Forces which I cannot change but which Congress can change at any time.

a. My enlistment is more than an employment agreement. As a member of the Armed Forces of the United States, I will be:

(1) Required to obey all lawful orders and perform all assigned duties.

(2) Subject to separation during or at the end of my enlistment. If my behavior fails to meet acceptable military standards, I may be discharged and given a certificate for less than honorable service, which may hurt my future job opportunities and my claim for veteran's benefits.

(3) Subject to the military justice system, which means, among other things, that I may be tried by military courts-martial.

(4) Required upon order to serve in combat or other hazardous situations.

(5) Entitled to receive pay, allowances and other benefits as provided by law and regulation.

b. Laws and regulations that govern military personnel may change without notice to me. Such changes may affect my Status, pay, allowances, benefits, and responsibility as a member of the Armed Forces REGARDLESS of the provisions of this enlistment/reenlistment document.

c. In the event of war, my enlistment in the Armed Forces continues until six months after the war ends, unless my enlistment is ended sooner by the President of the United States.

12. Military Service Obligation. *(FOR ALL MEMBERS OF THE ACTIVE AND RESERVE COMPONENTS INCLUDING THE NATIONAL GUARD.)*

a. FOR ALL ENLISTEES AGE 17 THROUGH 25: If I enlist before my twenty-sixth birthday, I must serve a total of six years. Any part of that service not served on active duty must be served in a Reserve Component unless I am sooner discharged.

b. If I am a member of a Reserve Component of an Armed Force at the beginning of a period of war or national emergency declared by Congress, or if I become a member during that period, my military service may be extended without my consent until six months after the end of that period.

c. As a member of a Reserve Component, in time of war or national emergency declared by the Congress, I may be required to serve on active duty *(other than for training)* for the entire period of the war or emergency and for six months after its end.

d. As a member of the Ready Reserve I may be required to perform active duty or active duty for training without my consent *(other than as provided in paragraph 10 of this enlistment/reenlistment document)* as follows:

(1) In a time of national emergency declared by the President, I may be ordered to active duty *(other than for training)* for not more than 24 consecutive months.

(2) I may be ordered to active duty for 24 months, and my enlistment may be extended so I can complete 24 months of active duty, if:

(a) I am not assigned to or participating satisfactorily in a unit of the Ready Reserve; and

(b) I have not met my Reserve obligation; and

(c) I have not served on active duty for a total of 24 months.

(3) I may be ordered to perform additional active duty for training for not more than 45 days if I have not fulfilled my military service obligation and fail in any year to perform the required training duty satisfactorily. If the failure occurs during the last year of my required membership in the Ready Reserve, my enlistment may be extended until I perform that additional duty, but not for more than 6 months.

(4) When determined by the President that it is necessary to support any operational mission, I may be ordered to active duty for not more than 90 days if I am a member of a selected Reserve unit.

e. Except in time of war or national emergency declared by Congress, I may be transferred to the Standby Reserve, upon my request, if I am not serving on active duty and if my total active duty *(other*

LAST NAME	SSAN
BOZEK	

C. PARTIAL STATEMENT OF EXISTING UNITED STATES LAWS *(Continued from page 2)*

than active duty for training) service and satisfactory service in the Ready Reserve has lasted at least 60 months. As a member of the Standby Reserve, I will have no Reserve training requirements and can be involuntarily ordered to active duty only in time of war or national emergency declared by Congress or as otherwise authorized by law. I may not transfer to the Standby Reserve while I am serving under an agreement to remain in the Ready Reserve for a stated period.

13. *IF ENLISTING IN THE NAVY OR MARINE CORPS:* I understand that if I am serving on a naval vessel in foreign waters, and my enlistment expires, I will be returned to the United States for discharge as soon as possible consistent with my desires. However, if essential to the public interest, I understand that I may be retained on active duty until the vessel returns to the United States. If I am retained under these circumstances, I understand I will be discharged not later than 30 days after my return to the United States; and, that except in time of war, I will be entitled to an increase in basic pay of 25 percent from the date my enlistment expires to the date of my discharge.

D. CERTIFICATION AND ACCEPTANCE

14. My acceptance for enlistment is based on the information I have given in my application for enlistment. If any of that information is false or incorrect, this enlistment may be voided or terminated administratively by the Government or I may be tried by a Federal, civilian or military court and, if found guilty, may be punished.

I CERTIFY THAT I HAVE CAREFULLY READ THIS DOCUMENT. Any questions I had were explained to my satisfaction. I fully understand that ONLY THOSE AGREEMENTS IN SECTION B OF THIS DOCUMENT OR RECORDED ON THE ATTACHED ANNEX(ES) WILL BE HONORED. ANY OTHER PROMISES OR GUARANTEES MADE TO ME BY ANYONE ARE WRITTEN BELOW: *(If none, check "NONE" and initial)*

☒ NONE WDB *(Initials of Applicant/Reenlistee)*

14a. TYPED NAME OF APPLICANT/REENLISTEE	14b. SIGNATURE OF APPLICANT/REENLISTEE	14c. DATE SIGNED
WILLIAM DAVID BOZEK	William David Bozek	23 July 80

15. On behalf of the ARMY NATIONAL GUARD OF THE UNITED STATES, I accept this applicant for enlistment. I have witnessed the signature in item 14b to this document. I certify that I have explained that only those agreements in Section B of this form and in the attached Annex(es) will be honored, and any other promises made by any person are not effective and will not be honored.

15a. NAME, GRADE, SSAN AND ORGANIZATION OF SERVICE REPRESENTATIVE *(Type or print)*	15b. SIGNATURE OF SERVICE REPRESENTATIVE	15c. DATE SIGNED
JOEL LEE, SFC, [redacted], IL ARNG		23 JUL 80

E. CONFIRMATION OF ENLISTMENT OR REENLISTMENT

16. *FOR SERVICE IN A REGULAR OR RESERVE COMPONENT OF THE ARMED FORCES EXCEPT THE ARMY NATIONAL GUARD OR AIR NATIONAL GUARD:*

I, _____, do solemnly swear *(or affirm)* that I will support and defend the Constitution of the United States against all enemies, foreign and domestic; that I will bear true faith and allegiance to the same; and that I will obey the orders of the President of the United States and the orders of the officers appointed over me, according to regulations and the Uniform Code of Military Justice. So help me God.

D. CERTIFICATION AND ACCEPTANCE *(Continued from page 2)*

GUARANTEES MADE TO ME BY ANYONE ARE WRITTEN BELOW:

(If none, check "NONE" and initial.)

☒ NONE WDB *(Initials)*

14a. TYPED NAME / SSN OF APPLICANT / REENLISTEE	14b. SIGNATURE OF APPLICANT / REENLISTEE
WILLIAM DAVID BOZEK	William David Bozek

15. On behalf of the United States ARMY RESERVE, I accept this applicant for enlistment. I have witnessed the signature in item 14b to this document. I certify that I have explained that only those agreements in Section B of this form and in the attached Annex(es) will be honored, and any other promises made by any person are not effective and will not be honored

15a. NAME GRADE, SSN, AND ORGANIZATION OF SERVICE REPRESENTATIVE *(Type or Print)*	15b. SIGNATURE OF SERVICE REPRESENTATIVE	15c. DATE SIGNED
SUSAN J WOODS SFC [redacted] DRC CHICAGO IL	Susan J Woods	17 NOVEMBER 1982

E. CONFIRMATION OF ENLISTMENT OR REENLISTMENT

16a. **FOR SERVICE IN THE ARMED FORCES EXCEPT THE NATIONAL GUARD *(ARMY OR AIR)*:**

I, _____, do solemnly swear *(or affirm)* that I will support and defend the Constitution of the United States against all enemies, foreign and domestic; that I will bear true faith and allegiance to the same; and that I will obey the orders of the President of the United States and the orders of the officers appointed over me, according to regulations and the Uniform Code of Military Justice. So help me God.

16b. **FOR ENLISTMENT OR REENLISTMENT IN THE NATIONAL GUARD *(ARMY OR AIR)*:**

I, _____, do solemnly swear *(or affirm)* that I will support and defend the Constitution of the United States and the State of _____ against all enemies, foreign and domestic; that I will bear true faith and allegiance to the same; and that I will obey the orders of the President of the United States and the Governor of _____ and the orders of the officers appointed over me, according to law and regulations. So help me God.

16c. I acknowledge that the oath above, as filled in, has been administered to me and that I have sworn *(or affirmed)* to the same.	16d. SIGNATURE OF ENLISTEE / REENLISTEE
	William David Bozek

16e. The above oath was administered, subscribed, and duly sworn to *(or affirmed)* before me this date.

16f. NAME, GRADE, AND ORGANIZATION OF ENLISTING OFFICER *(Type or Print)*	16g. SIGNATURE OF ENLISTING OFFICER	16h. DATE SIGNED
A R WORTHAM CPT MEPS Chicago IL		17 NOVEMBER 1982

16i. **FOR ENLISTMENT OR REENLISTMENT IN THE NATIONAL GUARD *(ARMY OR AIR)*:**

I do hereby acknowledge to have voluntarily enlisted *(reenlisted)* this _____ day of _____ 19 _____ in the _____ National Guard of the State of _____ and as a Reserve of the United States _____ with membership in the _____ National Guard of the United States for a period of _____ *(years)* _____ *(months)* _____ *(days)* under the conditions prescribed by law, unless sooner discharged by proper authority.

16j. SIGNATURE OF ENLISTEE / REENLISTEE

ANNEX A-DD FORM 4

ENLISTMENT OR REENLISTMENT AGREEMENT - ARMY NATIONAL GUARD

PRIVACY ACT STATEMENT

1. Authority: Sections 510 and 511, Title 10, US Code, and Sections 301 and 304, Title 32, US Code.
2. Principal Purpose: Specify agreements as a part of enlistment or reenlistment in the Army National Guard.
3. Routine uses: This agreement becomes a part of the individual's military personnel records which provides promotion, reassignment, training and other personnel management actions. The agreements contained herein are the understandings between individuals and the Army National Guard.
4. Mandatory or Voluntary Disclosure and Effect on Individual not Providing Information: Disclosure is mandatory. Individual could be denied enlistment or reenlistment if not completed.

In connection with my enlistment or reenlistment, the following additional agreements are made a part thereof:

1. If I am a male high school senior, I understand that my enlistment is contingent upon satisfactory completion of high school and that my enlistment will be terminated if I fail to complete high school and do not meet non-high school graduate enlistment qualifications. I further understand that I must perform Initial Active Duty for Training (IADT) of not less than 12 weeks to commence insofar as practicable within 270 days after the date of enlistment.

2. If I am a male high school graduate, I understand that I must perform Initial Active Duty for Training (IADT) of not less than 12 weeks to commence insofar as practicable within 270 days after the date of enlistment.

3. If I am a male non-high school graduate, I will be required to perform IADT of not less than 12 weeks to commence insofar as practicable within 180 days after the date of enlistment.

4. If I have prior military service, I understand that I may be required to serve on a period of full time training duty to become qualified in the Military Occupational Specialty for which I enlisted if I am not already qualified.

5. If I am a female high school senior, I understand that I will be ineligible for continued participation in the Army National Guard and that my enlistment will be terminated unless I graduated from high school prior to the date I am required to report for IADT. I further understand that I cannot enter IADT until completion of high school. I must enter IADT within 270 days of enlistment.

6. If I am a female, I acknowledge that enlistment serves as my volunteering for basic weapons qualification and familiarization training on the same basis as my male counterparts. Additionally, during Advanced Individual Training I may be required to undergo individual weapons training as necessary to meet Military Occupational Specialty (MOS) prerequisites. As an exception, females in an active military status prior to 1 July 1975 will be required to participate in Basic Rifle Marksmanship training prior to reenlistment. I further understand that I am not enlisting for, nor will I be assigned to, a unit whose primary mission is combat or in an MOS not available for female personnel as prescribed in AR 611-201.

7. If I have no prior military service and am required to enter IADT, I understand that if I am in grade E4 or above, I will be administratively reduced to grade E3 prior to entry on IADT. My grade will be restored upon satisfactory completion of IADT unless sooner promoted.

8. If I enlist for assignment to a position requiring airborne training and I refuse to undergo or fail to complete such training for reasons within my control; or, after receiving a parachutists rating, I refuse to participate in airborne training, I will be: assigned to unit vacancy for which I can be or am qualified, or if such is not available, I will be subject to - involuntary order to active duty for a period of 24 months less any period I may have previously served on active duty or active duty for training.

9. I will be responsible for keeping my commander advised of my current mailing address at which I will receive official correspondence and my home and business telephone numbers. (This information will be used for official Army National Guard use only.) If I change residence to a location too distant to permit continued participation with my unit, I will be authorized a period of not more than 60 days of excused absence from training. During this 60 day period I must locate and join another Guard or Reserve unit. If I have no remaining Reserve obligation, I may request discharge or transfer to a Reserve Control Group.

10. I certify that I have received a copy of this agreement.

DATE: *(Day - Month - Year) (Date must agree with date of enlistment)*	
22 JULY 1980	
SIGNATURE OF ENLISTING OFFICER	SIGNATURE OF APPLICANT
M J Morningstar	William David Bozek
TYPED NAME, GRADE AND SSN OF ENLISTING OFFICER	TYPED NAME, GRADE AND SSN OF APPLICANT
M.J. MORNINGSTAR, CPT, [redacted]	WILLIAM DAVID BOZEK, PVT

NGB FORM 21
3 SEP 76

(This form supersedes NGB Form 21 (20 Jan 70), 21b (1 Sep 73), 21d (1 May 70) and 21f (1 Feb 73) which are obsolete and will no longer be used.)

SECTION V – MISCELLANEOUS

27 REMARKS

28 ITEM CONTINUATION

ITEM NO.	DATA

29 DATE DA FORM 208 PREPARED

30 DATE DUPLICATE DA FORM 2-1 SUBMITTED

31 REPORT OF CHANGES

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23
24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42	43	44	45	46
47	48	49	50	51	52	53	54	55	56	57	58	59	60	61	62	63	64	65	66	67	68	69
70	71	72	73	74	75	76	77	78	79	80	81	82	83	84	85	86	87	88	89	90	91	92

SECTION IX – RESERVE COMPONENT DATA

32a. READY RESERVE OBLIGATION EXPIRATION DATE. 861116

b. DA FORM 3725 OR 3726-1 AGREEMENT EXPIRATION DATE.

c. SERVICE OBLIGATION EXPIRATION DATE 861116

d. MANDATORY REMOVAL FROM ACTIVE STATUS

e. RETIREMENT YEAR ENDING DATE 1116

33. DATE

PREPARED	REVIEWED
840422	13APR85

34. SIGNATURE

X William D. Doyle

SECTION I – IDENTIFICATION DATA

1. NAME	2. SSN
BOZEK WILLIAM DAVID	

SECTION II – CLASSIFICATION AND ASSIGNMENT DATA

3. MOS EVALUATION SCORES ☐ CONT

MOSC	YR & MO	SCORE	YR & MO	SCORE	YR & MO	SCORE

4. ASSIGNMENT CONSIDERATIONS ☐ CONT

5. OVERSEA SERVICE ☐ CONT

FROM	THRU	AREA AND COUNTRY	MO	TYPE	NTC	DEPN ARR OS

SECTION II – CLASSIFICATION AND ASSIGNMENT DATA (Continued)

6. MILITARY OCCUPATIONAL SPECIALTIES ☐ CONT

MOSC	TITLE	DATE
(S) 74D	COMPUTER MACH OP	810617
(P) 76Y/P	COMPANY SUPPLY	

7. AVIATION ASI & GUNNERY QUALIFICATION ☐ CONT

AIRCRAFT		INSTR PILOT		GUNNERY SYSTEM	
F/W	R/W	F/W	R/W	TNG	INSTR

8. APTITUDE AREA SCORES ☐ CONT

AREA	SCORE	AREA	SCORE
CO	126		
FA	127		
EL	120		
OF	128		
GM	128		
MM	128		
CL	112		
ST	126		
GT	117		
SC	125		

9. AWARDS, DECORATIONS & CAMPAIGNS ☐ CONT

RFL M16

ASR PRCHT BDG

AAM

M-203

DATE 82 11 17

PLACE MEPS Chas SC

10. OTHER TESTS ☐ CONT

TEST	SCORE	DATE
MDB-		
OCT		
DLAT		
OQI-1		
FAST-		
OB		
WOCB		
AFQT	75	800618

11. AMERICAN BOARD CERTIFICATION & LICENSES OR CERTIFICATES HELD ☐ CONT

12. LANGUAGE PROFICIENCY

DA FORM 330 SUBMITTED	DATE

PERSONNEL QUALIFICATION RECORD – PART II

ARMY RESERVE

RECORD OF INDIVIDUAL PERFORMANCE OF RESERVE DUTY TRAINING

For use of this form, see AR 140-185; the proponent agency is RCPAC.

1. DATE: 22 JUN 86

2. FROM: (Reporting Agency) (Include ZIP Code)
SVC CO 12TH SFGA, CO SUPPLY
1515 W. Central Rd. Bldg. 107
Arlington Hgts. IL. 60005

3. RETIREMENT YEAR ENDING DATE:

4. TO: (Custodian of reservist' field 201 file.) (Include ZIP Code)
Commander
12TH SVC Co. 12TH SFGA
1515 W. Central
Arlington Heights IL. 60005

5. LAST NAME - FIRST NAME - MIDDLE INITIAL	6. GRADE	7. SOCIAL SECURITY NO.	8. BRANCH
BOZEK William D.	E-5		USAR

9. INDIVIDUAL'S ASSIGNED ORGANIZATION (If different from office of addressee)
12TH SVC. CO. Supply

10. THE ABOVE NAMED RESERVIST PERFORMED ☐ EQUIVALENT ☐ APPROPRIATE ☐ SUITABLE ☒ OTHER AAUTA
(Check applicable box) DUTIES, TRAINING OR INSTRUCTION ON THE DATES AND FOR THE HOURS INDICATED AS AUTHORIZED BY
(Cite authorization):

a. DATE DAY	a. DATE MONTH	a. DATE YEAR	b. HOURS	c. RETIREMENT POINTS	d. NATURE OF DUTIES, TRAINING OR INSTRUCTION
22	6	86	4	P-1	AA UTA, NOTHING REPORTS

11. TYPED NAME, GRADE AND POSITION OF OFFICER HAVING KNOWLEDGE OF DUTIES PERFORMED
Fred W. Schumaker CPT, IN

12. SIGNATURE OF OFFICER (Item 11)

13. FOR CUSTODIAN OF INDIVIDUAL RESERVIST'S RECORDS

☐ REPORTED TO SERVICING DATA PROCESSING UNIT — PAY DATA ☐ EXTRACTED ☐ NOT APPLICABLE

DA FORM 1 FEB 75 1380 PREVIOUS EDITIONS OF THIS FORM ARE OBSOLETE.

ARMY RESERVE

RECORD OF INDIVIDUAL PERFORMANCE OF RESERVE DUTY TRAINING

For use of this form, see AR 140-185; the proponent agency is RCPAC.

1. DATE: 9 APR 87

2. FROM: (Reporting Agency) (Include ZIP Code)
12TH SVC. CO. 12TH SPT GP
1101 W. CENTRAL RD
ARLINGTON HTS, IL 60005-2449

3. RETIREMENT YEAR ENDING DATE:

4. TO: (Custodian of reservists' field 201 file.) (Include ZIP Code)
COMMANDER
12TH SVC. CO. 12TH SPT GP
1101 W. CENTRAL RD.
ARLINGTON HTS, IL
60005-2449

5. LAST NAME - FIRST NAME - MIDDLE INITIAL: BOZEK, WILLIAM

6. GRADE: E-5

7. SOCIAL SECURITY NO.:

8. BRANCH: USAR

9. INDIVIDUAL'S ASSIGNED ORGANIZATION (If different from office of addressee)

10. THE ABOVE NAMED RESERVIST PERFORMED: [X] EQUIVALENT [ ] APPROPRIATE [ ] SUITABLE [ ] OTHER
(Check applicable box) DUTIES, TRAINING OR INSTRUCTION ON THE DATES AND FOR THE HOURS INDICATED AS AUTHORIZED BY
(Cite authorization): AHA

a. DATE DAY	a. DATE MONTH	a. DATE YEAR	b. HOURS	c. RETIREMENT POINTS	d. NATURE OF DUTIES, TRAINING OR INSTRUCTION
9	4	87	8	1-2	SUPPLY FUNCTIONS NOTHING FOLLOWS

11. TYPED NAME, GRADE AND POSITION OF OFFICER HAVING KNOWLEDGE OF DUTIES PERFORMED
RUFO, STEVEN, CAPT XO

12. SIGNATURE OF OFFICER (Item 11)

13. FOR CUSTODIAN OF INDIVIDUAL RESERVIST'S RECORDS

[ ] REPORTED TO SERVICING DATA PROCESSING UNIT PAY DATA [ ] EXTRACTED [ ] NOT APPLICABLE

DA FORM 1 FEB 78 1380 PREVIOUS EDITIONS OF THIS FORM ARE OBSOLETE.

LB

ARMY RESERVE

RECORD OF INDIVIDUAL PERFORMANCE OF RESERVE DUTY TRAINING

For use of this form, see AR 140-185; the proponent agency is RCPAC.

1. DATE: 15MAR87

2. FROM (Reporting Agency) (Include ZIP Code)
12th Svc Co, 12th SPGA
1101 W. Central Rd
Arlington Hts. IL. 60005

3. RETIREMENT YEAR ENDING DATE: 7/21

4. TO: (Custodian of reservists' field 201 file.) (Include ZIP Code)
Commander
12th Svc Co, 12th SPGA
1101 W. Central Rd.
Arlington Hts. IL, 60005-2449

5. LAST NAME - FIRST NAME - MIDDLE INITIAL	6. GRADE	7. SOCIAL SECURITY NO.	8. BRANCH
Bozek, William D.	E-5		USAR

9. INDIVIDUAL'S ASSIGNED ORGANIZATION (If different from office of addressee)

10. THE ABOVE NAMED RESERVIST PERFORMED ☐ EQUIVALENT ☐ APPROPRIATE ☐ SUITABLE ☐ OTHER (Check applicable box) DUTIES, TRAINING OR INSTRUCTION ON THE DATES AND FOR THE HOURS INDICATED AS AUTHORIZED BY (Cite authorization): RMA

a. DATE DAY	a. DATE MONTH	a. DATE YEAR	HOURS b.	RETIREMENT POINTS c.	NATURE OF DUTIES, TRAINING OR INSTRUCTION d.
13	3	87	8	2	I.L.O. 15 Feb. 87
					NOTHING FOLLOWS

11. TYPED NAME, GRADE AND POSITION OF OFFICER HAVING KNOWLEDGE OF DUTIES PERFORMED
CAPT. STEVEN RUTO
INF. USAR
Exec. Officer

12. SIGNATURE OF OFFICER (Item 11)

13. FOR CUSTODIAN OF INDIVIDUAL RESERVISTS' RECORDS

☐ REPORTED TO SERVICING DATA PROCESSING UNIT. PAY DATA ☐ EXTRACTED ☐ NOT APPLICABLE

DA FORM 1 FEB 75 1380

PREVIOUS EDITIONS OF THIS FORM ARE OBSOLETE.

LB

ARMY RESERVE

RECORD OF INDIVIDUAL PERFORMANCE OF RESERVE DUTY TRAINING

For use of this form, see AR 140-185; the proponent agency is RCPAC.

1. DATE: 27 FEB 87

2. FROM: (Reporting Agency) (Include ZIP Code)

3. RETIREMENT YEAR ENDING DATE: 19/10

4. TO: (Custodian of reservists' field 201 file.) (Include ZIP Code)

Commander
17th Svc Co, 12th SPTA
1101 W. Central Rd.
Arlington Hts, IL 60005-2449

5. LAST NAME - FIRST NAME - MIDDLE INITIAL: BOZEK, William D.

6. GRADE: E-5

7. SOCIAL SECURITY NO.

8. BRANCH

9. INDIVIDUAL'S ASSIGNED ORGANIZATION (If different from office of addressee)

10. THE ABOVE NAMED RESERVIST PERFORMED ☐ EQUIVALENT ☐ APPROPRIATE ☐ SUITABLE ☒ OTHER (Check applicable box) DUTIES, TRAINING OR INSTRUCTION ON THE DATES AND FOR THE HOURS INDICATED AS AUTHORIZED BY (Cite authorization): R5-1

a. DATE DAY	a. DATE MONTH	a. DATE YEAR	b. HOURS	c. RETIREMENT POINTS	d. NATURE OF DUTIES, TRAINING OR INSTRUCTION
27	02	87	8	P-2	ILO 14 FEB 87 MUTA
					LAST Item

11. TYPED NAME, GRADE AND POSITION OF OFFICER HAVING KNOWLEDGE OF DUTIES PERFORMED: Stephen D. Rufo Cpt, XO
Cpt. In. USAR
Executive Officer

12. SIGNATURE OF OFFICER (Item 11)

13. FOR CUSTODIAN OF INDIVIDUAL RESERVIST'S RECORDS

☐ REPORTED TO SERVICING DATA PROCESSING UNIT. PAY DATA ☐ EXTRACTED ☐ NOT APPLICABLE

DA FORM 1 FEB 75 1380

PREVIOUS EDITIONS OF THIS FORM ARE OBSOLETE.

ARMY RESERVE

RECORD OF INDIVIDUAL PERFORMANCE OF RESERVE DUTY TRAINING

For use of this form, see AR 140-185; the proponent agency is RCPAC.

1. DATE: 23 DEC 86

2. FROM: (Reporting Agency) (Include ZIP Code)

3. RETIREMENT YEAR ENDING DATE

4. TO: (Custodian of reservists' Field 201 file.) (Include ZIP Code)

Commander
12th Svc Co 12th SEGA
1101 W Central Road
Arlington Hts, IL, 60005-2449

5. LAST NAME - FIRST NAME - MIDDLE INITIAL: BOZEK / William D

6. GRADE: E-5

7. SOCIAL SECURITY NO.: [redacted]

8. BRANCH

9. INDIVIDUAL'S ASSIGNED ORGANIZATION (If different from office of addressee)

10. THE ABOVE NAMED RESERVIST PERFORMED ☐ EQUIVALENT ☐ APPROPRIATE ☐ SUITABLE ☒ OTHER RST (Check applicable box) DUTIES, TRAINING OR INSTRUCTION ON THE DATES AND FOR THE HOURS INDICATED AS AUTHORIZED BY (Cite authorization): RST

a. DATE DAY	a. DATE MONTH	a. DATE YEAR	b. HOURS	c. RETIREMENT POINTS	d. NATURE OF DUTIES, TRAINING OR INSTRUCTION
28	Dec	86	8	P-2	ILO 13 Dec 86
29	Dec	86	8	P-2	ILO 14 Dec 86 Administrative Duties
					NOTHING FOLLOWS

11. TYPED NAME, GRADE AND POSITION OF OFFICER HAVING KNOWLEDGE OF DUTIES PERFORMED

SCHUMACHER, FRED C-3
UNIT PAY CLERK

12. SIGNATURE OF OFFICER (Item 11)

13. FOR CUSTODIAN OF INDIVIDUAL RESERVIST'S RECORDS

☐ REPORTED TO SERVICING DATA PROCESSING UNIT. PAY DATA ☐ EXTRACTED ☐ NOT APPLICABLE

DA FORM 1 FEB 78 1380

PREVIOUS EDITIONS OF THIS FORM ARE OBSOLETE.

Village of Willowbrook

7760 Quincy Street
Willowbrook, IL 60527-5594

Phone: (630) 323-8215 • Fax: (630) 323-0787 • www.willowbrookil.org

August 8, 2011

MEMO TO: Police Pension Board

FROM: Carrie Dittman, Interim Director of Finance C.D.

SUBJECT: Officer Daniel Polfliet Military Buy Back Application

Enclosed for your review is an application for buyback of military time submitted by Officer Daniel Polfliet. As noted on the paperwork Officer Polfliet would be purchasing 24 months of creditable service which would make his effective start date September 14, 1992. The cost to Officer Polfliet would be $23,602.53 payable to the Police Pension Fund as of August 10, 2011.

As required under state statute, as the Interim Finance Director acting as Pension Fund Treasurer I have attached Officer Polfliet's military buyback calculation.

COPY

Election to Purchase Military Service Time Served Prior to Employment
Village of Willowbrook Police Pension Fund

By signing below, I request that a calculation be performed per Public Act 096-1260, to determine the amount of money due from me to my Police Pension Fund to transfer up to 24 months of military service time served prior to my hiring by the police department.

I have attached documentation of my military service. I understand that I am giving consent to the performance of the calculation only and that I am not advising any party of commitment on my part to remit funds.

Member Name: Daniel L Polfliet

Address: [redacted]

City, State, Zip Code: [redacted]

Telephone Number: [redacted]

Date of Hire: 09-14-94

Military Service Dates I wish to Purchase (up to 24 months). Please include month/date/year.

From 08/25/81 to 08/24/85 → 8/25/81 - 8/05/85 per DD 214

Member Signature Daniel L Polfliet

Date of Signature 06-13-11

To Be Completed by a Pension Board Trustee:

Annualized Pensionable Salary as of the Date of Hire: 27,396

Additional Comments: _____

_____

Signature of Pension Fund Representative _____ Date _____

Please Forward To: **Finance Department**
c/o Carrie Dittman
7760 Quincy Ave.
Willowbrook, IL 60527

DD FORM 1 JUL 79 214 — PREVIOUS EDITIONS OF THIS FORM ARE OBSOLETE.

CERTIFICATE OF RELEASE OR DISCHARGE FROM ACTIVE DUTY

1. NAME (Last, first, middle)	2. DEPARTMENT, COMPONENT AND BRANCH	3. SOCIAL SECURITY NO
WOLFLIET, DANIEL LEO	NAVY -- USN	

4a. GRADE, RATE OR RANK	4b. PAY GRADE	5. DATE OF BIRTH	6. PLACE OF ENTRY INTO ACTIVE DUTY
MS3	E4		CHICAGO, IL

7. LAST DUTY ASSIGNMENT AND MAJOR COMMAND	8. STATION WHERE SEPARATED
USS CORAL SEA CV43 HP: NORFOLK, VA	USS CORAL SEA CV43 AT NORFOLK, VA

9. COMMAND TO WHICH TRANSFERRED	10. SGLI COVERAGE
NAVAL RESERVE PERSONNEL CENTER, NEW ORLEANS, LA 70149-0001	AMOUNT $ 35 000 ☐ NONE

11. PRIMARY SPECIALTY NUMBER, TITLE AND YEARS AND MONTHS IN SPECIALTY *(Additional specialty numbers and titles involving periods of one or more years)*

MS - 0000 - MESS SPECIALIST

12. RECORD OF SERVICE	YEAR(S)	MON(S)	DAY(S)
a. Date Entered AD This Period	81	AUG	25
b. Separation Date This Period	85	AUG	05
c. Net Active Service This Period	03	11	10
d. Total Prior Active Service	00	00	00
e. Total Prior Inactive Service	00	00	00
f. Foreign Service	00	00	00
g. Sea Service	03	06	22
h. Effective Date of Pay Grade	84	MAR	16
i. Reserve Oblig. Term. Date	87	AUG	25

13. DECORATIONS, MEDALS, BADGES, CITATIONS AND CAMPAIGN RIBBONS AWARDED OR AUTHORIZED *(All periods of service)*

SEA SERVICE

X X X
X X X
X X X

14. MILITARY EDUCATION *(Course Title, number weeks, and month and year completed)*

MS CLASS "A" - 6 WKS - DEC 81
FOOD SERVICE RECORDS AND RETURNS - 2 WKS - MAR 84
AFLOAT BRIG SUPV - 2 WKS - FEB 85

X X X

15. MEMBER CONTRIBUTED TO POST-VIETNAM ERA VETERANS' EDUCATIONAL ASSISTANCE PROGRAM	16. HIGH SCHOOL GRADUATE OR EQUIVALENT	17. DAYS ACCRUED LEAVE PAID
[X] YES ☐ NO	[X] YES ☐ NO	20.0

18. REMARKS

SERVICE MEMBER DID RECEIVE FULL DENTAL SERVICES AND TREATMENT 90 DAYS PRIOR TO SEPARATION FROM NAVAL SERVICE

X X X
X X X
X X X
X X X
X X X
X X X
X X X
X X X
X X X

19. MAILING ADDRESS AFTER SEPARATION	20. MEMBER REQUESTS COPY 6 BE SENT TO IL DIR. OF VET AFFAIRS
	[X] YES ☐ NO

21. SIGNATURE OF MEMBER BEING SEPARATED	22. TYPED NAME, GRADE, TITLE AND SIGNATURE OF OFFICIAL AUTHORIZED TO SIGN
	G. G. MANGUS, CWO3, USN, PERSONNEL OFFICER

SPECIAL ADDITIONAL INFORMATION *(For use by authorized agencies only)*

23. TYPE OF SEPARATION	24. CHARACTER OF SERVICE *(Includes upgrades)*
RELEASE FROM ACTIVE DUTY AND TRANSFERRED TO NAVAL REGERVE	HONORABLE

25. SEPARATION AUTHORITY	26. SEPARATION CODE	27. REENLISTMENT CODE
MILPERSMAN 3620100	MBM	RE-R1

28. NARRATIVE REASON FOR SEPARATION

USN WITHIN THREE MONTHS OF EXPIRATION OF USN CONTRACT AND CONCURRENT TRANSFER TO NAVAL RESERVE

29. DATES OF TIME LOST DURING THIS PERIOD	30. MEMBER REQUESTS COPY 4
TL: NONE	DLP INITIALS

S/N 0102-LF-000-2140

MEMBER-4

Village of Willowbrook Police Pension Fund
Purchase of Military Service Time Served Prior to Employment

Member's Name:	Daniel Polfliet	
Date of Hire by Pension Fund:	9/14/1994	
Date of Military Service:	8/25/1981-8/05/1985	from DD Form 214
Military Service Time (Months and Days):	24 months	
Dates for which creditable service is being credited :	9/14/1992-9/13/1994	
Member's Annualized Pensionable Salary as of the Date of Hire:	27,396.00	
Date of payment to credit additional service time:	8/10/2011	
Fiscal year end of Fund:	April 30	

Police Pension Fund Fiscal Year End	Assumed Salary as Military Employee (through FYE)	(1) Total Normal Cost Percentage (as of FYE)	Total Normal Cost (Employee Contributions and Employer Normal Cost)	(2) Interest Period		Interest Rate	Total Normal Cost (Employee Contributions and Employer Normal Cost) Plus Interest
4/30/93	17,188.18	13.97%	2,401.19				
4/30/94	27,396.00	13.55%	3,712.16				
4/30/95	10,207.82	13.77%	1,405.62				
			7,518.96	16 yrs, 10 mos, 27 days	16.91	7.00%	23,602.53
							Total Contributions required to be paid to the Article 3 Police Pension Fund

(1) Department of Insurance Actuarial Valuation Balance Sheet/Actuarially Determined Tax Levy report.

(2) The Interest Period is the period of time between the date of membership in the fund (9/14/1994) and the date of payment (8/10/11). The interest rate for periods through fiscal years ending in 1986 is 6.5%, after that is 7.0%.

Village of Willowbrook

7760 Quincy Street
Willowbrook, IL 60527-5594

Phone: (630) 323-8215 • Fax: (630) 323-0787 • www.willowbrookil.org

August 8, 2011

MEMO TO: Police Pension Board

FROM: Carrie Dittman, Interim Director of Finance C.D.

SUBJECT: Commander William Bozek Pension Application

Enclosed for your review is an application for regular retirement benefits submitted by Commander William Bozek. As noted on the paperwork Commander Bozek's retirement date is August 1, 2011 and his retirement pension will begin on August 2, 2011. He has earned 23 years, 0 months and 8 days of service credit granting him 57.5% of his current salary of $97,906.54. This calculates to an annual pension amount of $56,296.26.

As required under state statute, as the Interim Finance Director acting as Pension Fund Treasurer I have attached Commander Bozek's pension calculation.

APPLICATION FOR RETIREMENT BENEFITS

(POLICEMEN WITH 20 YEARS OR MORE OF CREDITABLE SERVICE WHO IS RETIRING)

WILLOWBROOK POLICE PENSION FUND

I am a member of the police department of Willowbrook, Illinois assigned to duty as a Commander. I was hired as a police officer on 12/19/1988 and my last day of employment is ~~07/31/2011~~ 8/1/2011. I was born on _____; my social security number is ____ have performed police duty as a member of said police department for__ years, __ months, __ days.

As I have creditable service of_____ years and am leaving the Department, I wish to apply for my pension benefits based on_____ % of my salary as a police officer.

I also request from the pension board the amount of total contributions I have paid into the pension fund and whether said contributions were federally taxed or not.

(please check one of the following boxes)

☐ Federal payroll taxes were deducted from the pension contribution portion of my salary and paid to the Internal Revenue Service. The municipality does not participate in the Employer Pick Up Plan.

☐ Federal payroll taxes were deducted from the pension contribution portion of my salary.

☒ The Municipality, since SEP. 12 1983, participates in the Employer Pick Up Plan and Federal taxes have not been deducted from the pension contribution portion of my salary since the above date.

TOTAL CONTRIBUTIONS TAXED: _____
TOTAL CONTRIBUTIONS NOT TAXED: _____

William D. Bozek, 07/25/2011
Petitioner Date

_____ _____
Address City State Zip Telephone number w/area code

<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<< >>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>

Pension benefits approved at _____ meeting.

_____, _____
Secretary/Trustee Date

_____, _____
President/Trustee Date

Village of Willowbrook Police Pension Fund
Pension Calculation

NAME:	William Bozek
ADDRESS:	
TELEPHONE:	
DOB:	
SOCIAL SECURITY NO:	

STARTING DATE:	7/20/1988
RETIREMENT DATE (Last day of work):	8/1/11
RANK:	Commander
TOTAL CONTRIBUTIONS:	$132,570.33
SALARY:	$97,906.54
EXTRA COMP: (Appointed position, educational incentive pay)	$1,500 of longevity pay is included in salary amount
LOST TIME: (Dates, explanation (i.e. suspension, leave of absence, medical disability, etc.))	5 days suspension (May 2009)

57.5% of $97,906.54 = Annual $56,296.26 Monthly $4,691.36 (prorated August 2011, $4,540.03)

Federal Deduction:	
Insurance Deduction: Beg Sept 1, 2011	X Yes ___ No

	DATE	3% monthly	3% Annual	MONTHLY CHECK	ANNUAL AMOUNT	FEDERAL	INSURANCE	NET
1ST MONTHLY CHECK-PRORATED	8/2011			$4,540.03	N/A	TBD	TBD	TBD
1ST MONTHLY CHECK	9/2011			$4,691.36	$56,296.26	TDB	TBD	TBD
1ST INCREASE 13.00% Note 1	1/1/2016	$609.88	$7,318.56	$5,301.24	$63,614.88	TBD	TBD	TBD
1ST 3% COMPOUNDING	1/1/2017	$159.04	$1,908.48	$5,460.28	$65,523.36	TBD	TBD	TBD

Note 1: The 13.00% increase is the first month you will have attained age 55 following the first anniversary date of retirement. The 13.00% represents 3% of the original pension ($4,691.36) divided by 12 multiplied by 52 full months (9/2011 – 12/2015).

Illinois Department of Insurance - Pension Division
Benefit Calculator Report

Benefit Summary			
Fund Type:	Police		
Benefit Type:	Retirement		
Reciprocity:	No		
Birth Date:			
Hire Date:	7/20/1988	**Unpaid Break Days:**	5
Retired Date:	8/1/2011	**Effective Date of Benefit:**	8/2/2011
Annual Salary:	$97,906.54		
Creditable Service:	23 Year(s) 0 Month(s) 8 Day(s)		

Initial Benefit Summary	
Initial Benefit Date:	8/2/2011
Initial Annual Benefit:	$56,296.26 = 57.50% of $97,906.54 (Annual Salary)

Prorated Benefit Summary	
Prorated Date Range:	8/2/2011 - 8/31/2011
Prorated Benefit:	$4,540.03 = 30 Prorated Day(s) x $4,691.36 (Monthly Benefit)/31 Days in the Month
Total Prorated Benefit:	$4,540.03

Benefit Schedule

Benefit Type	Benefit Date	Monthly Increase	Monthly Benefit	Annual Benefit	Increase Rate
Initial Annual Benefit	8/2/2011	$0.00	$4,691.36	$56,296.26	
First Increase	1/1/2016	$609.88	$5,301.24	$63,614.88	13.00%
Annual Increase	1/1/2017	$159.04	$5,460.28	$65,523.36	3.00%
Annual Increase	1/1/2018	$163.81	$5,624.09	$67,489.08	3.00%
Annual Increase	1/1/2019	$168.72	$5,792.81	$69,513.72	3.00%
Annual Increase	1/1/2020	$173.78	$5,966.59	$71,599.08	3.00%
Annual Increase	1/1/2021	$179.00	$6,145.59	$73,747.08	3.00%
Annual Increase	1/1/2022	$184.37	$6,329.96	$75,959.52	3.00%
Annual Increase	1/1/2023	$189.90	$6,519.86	$78,238.32	3.00%
Annual Increase	1/1/2024	$195.60	$6,715.46	$80,585.52	3.00%
Annual Increase	1/1/2025	$201.46	$6,916.92	$83,003.04	3.00%
Annual Increase	1/1/2026	$207.51	$7,124.43	$85,493.16	3.00%
Annual Increase	1/1/2027	$213.73	$7,338.16	$88,057.92	3.00%
Annual Increase	1/1/2028	$220.14	$7,558.30	$90,699.60	3.00%
Annual Increase	1/1/2029	$226.75	$7,785.05	$93,420.60	3.00%
Annual Increase	1/1/2030	$233.55	$8,018.60	$96,223.20	3.00%
Annual Increase	1/1/2031	$240.56	$8,259.16	$99,109.92	3.00%

Illinois Department of Insurance - Pension Division
Benefit Calculator Report

Benefit Schedule					
Benefit Type	**Benefit Date**	**Monthly Increase**	**Monthly Benefit**	**Annual Benefit**	**Increase Rate**
Annual Increase	1/1/2032	$247.77	$8,506.93	$102,083.16	3.00%
Annual Increase	1/1/2033	$255.21	$8,762.14	$105,145.68	3.00%
Annual Increase	1/1/2034	$262.86	$9,025.00	$108,300.00	3.00%
Annual Increase	1/1/2035	$270.75	$9,295.75	$111,549.00	3.00%
Annual Increase	1/1/2036	$278.87	$9,574.62	$114,895.44	3.00%
Annual Increase	1/1/2037	$287.24	$9,861.86	$118,342.32	3.00%
Annual Increase	1/1/2038	$295.86	$10,157.72	$121,892.64	3.00%
Annual Increase	1/1/2039	$304.73	$10,462.45	$125,549.40	3.00%
Annual Increase	1/1/2040	$313.87	$10,776.32	$129,315.84	3.00%
Annual Increase	1/1/2041	$323.29	$11,099.61	$133,195.32	3.00%
Annual Increase	1/1/2042	$332.99	$11,432.60	$137,191.20	3.00%
Annual Increase	1/1/2043	$342.98	$11,775.58	$141,306.96	3.00%
Annual Increase	1/1/2044	$353.27	$12,128.85	$145,546.20	3.00%
Annual Increase	1/1/2045	$363.87	$12,492.72	$149,912.64	3.00%
Annual Increase	1/1/2046	$374.78	$12,867.50	$154,410.00	3.00%
Annual Increase	1/1/2047	$386.03	$13,253.53	$159,042.36	3.00%
Annual Increase	1/1/2048	$397.61	$13,651.14	$163,813.68	3.00%
Annual Increase	1/1/2049	$409.53	$14,060.67	$168,728.04	3.00%
Annual Increase	1/1/2050	$421.82	$14,482.49	$173,789.88	3.00%
Annual Increase	1/1/2051	$434.47	$14,916.96	$179,003.52	3.00%
Annual Increase	1/1/2052	$447.51	$15,364.47	$184,373.64	3.00%
Annual Increase	1/1/2053	$460.93	$15,825.40	$189,904.80	3.00%
Annual Increase	1/1/2054	$474.76	$16,300.16	$195,601.92	3.00%
Annual Increase	1/1/2055	$489.00	$16,789.16	$201,469.92	3.00%
Annual Increase	1/1/2056	$503.67	$17,292.83	$207,513.96	3.00%
Annual Increase	1/1/2057	$518.78	$17,811.61	$213,739.32	3.00%
Annual Increase	1/1/2058	$534.35	$18,345.96	$220,151.52	3.00%
Annual Increase	1/1/2059	$550.38	$18,896.34	$226,756.08	3.00%
Annual Increase	1/1/2060	$566.89	$19,463.23	$233,558.76	3.00%
Annual Increase	1/1/2061	$583.90	$20,047.13	$240,565.56	3.00%
Annual Increase	1/1/2062	$601.41	$20,648.54	$247,782.48	3.00%
Annual Increase	1/1/2063	$619.46	$21,268.00	$255,216.00	3.00%
Annual Increase	1/1/2064	$638.04	$21,906.04	$262,872.48	3.00%

Village of Willowbrook

7760 Quincy Street
Willowbrook, IL 60527-5594

Phone: (630) 323-8215 • Fax: (630) 323-0787 • www.willowbrookil.org

August 8, 2011

MEMO TO: Police Pension Board

FROM: Carrie Dittman, Interim Director of Finance C.D.

SUBJECT: Commander Stephen Finlon Pension Application

Enclosed for your review is an application for regular retirement benefits submitted by Commander Stephen Finlon. As noted on the paperwork Commander Finlon's retirement date is August 1, 2011 and his retirement pension will begin on August 2, 2011. He has earned 25 years, 0 months and 12 days of service credit granting him 62.5% of his current salary of $97,906.54. This calculates to an annual pension amount of $61,191.59.

As required under state statute, as the Interim Finance Director acting as Pension Fund Treasurer I have attached Commander Finlon's pension calculation.

APPLICATION FOR RETIREMENT BENEFITS

(POLICEMEN WITH 20 YEARS OR MORE OF CREDITABLE SERVICE WHO IS RETIRING)

WILLOWBROOK POLICE PENSION FUND

I am a member of the police department of Willowbrook, Illinois assigned to duty as a Commander. I was hired as a police officer on 07/07/1986 and my last day of employment is 08/01/2011. I was born on [redacted]. My social security number is [redacted]. I have performed police duty as a member of said police department for 25 years, 0 months, 5 days.

As I have creditable service of 25 years and am leaving the Department, I wish to apply for my pension benefits based on 62.5 % of my salary as a police officer.

I also request from the pension board the amount of total contributions I have paid into the pension fund and whether said contributions were federally taxed or not.

(please check one of the following boxes)

☐ Federal payroll taxes were deducted from the pension contribution portion of my salary and paid to the Internal Revenue Service. The municipality does not participate in the Employer Pick Up Plan.

☐ Federal payroll taxes were deducted from the pension contribution portion of my salary.

☒ The Municipality, since SEPTEMBER 12, 1983, participates in the Employer Pick Up Plan and Federal taxes have not been deducted from the pension contribution portion of my salary since the above date.

TOTAL CONTRIBUTIONS TAXED: _____

TOTAL CONTRIBUTIONS NOT TAXED: _____

Stephen James Finlon — 07/25/2011

Petitioner — Date

[redacted] — Address — City — State — Zip — Telephone number w/area code

<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<< >>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>

Pension benefits approved at _____ meeting.

_____, _____

Secretary/Trustee — Date

_____, _____

President/Trustee — Date

Village of Willowbrook Police Pension Fund
Pension Calculation

NAME:	Stephen J. Finlon
ADDRESS:	
TELEPHONE:	
DOB:	
SOCIAL SECURITY NO:	

STARTING DATE:	7/7/1986
ASSUMED RETIREMENT DATE (Last day of work):	8/1/2011
EFFECTIVE DATE OF BENEFIT:	8/2/2011
RANK:	Commander
TOTAL CONTRIBUTIONS:	$154,766.02
SALARY:	$97,906.54
EXTRA COMP: (Appointed position, educational incentive pay)	$1,500 longevity pay included in salary amount
LOST TIME: (Dates, explanation (i.e. suspension, leave of absence, medical disability, etc.))	3 days suspension (May 27-29, 1992) 1 day suspension (October 1992) 10 days suspension (November 2008) 14 days total

62.5% of $97,906.54 = $61,191.59 annual, $5,099.30 monthly (August 2011 check prorated, $4,934.81)

Federal Deduction:	TBD
Insurance Deduction:	___ Yes _X_ No

	DATE	3% Monthly	3% Annual	MONTHLY CHECK	ANNUAL AMOUNT	FEDERAL	INSURANCE	NET
1st MONTHLY CHECK (PRORATED)	8/2011			$4,934.81	N/A	TBD	N/A	TBD
1ST MONTHLY CHECK	9/2011			$5,099.30	$61,191.59	TBD	N/A	TBD
7.00% INCREASE- note 1	1/1/2014	$356.95	$4,283.40	$5,456.25	$65,475.00	TBD	N/A	TBD
1ST 3% COMPOUNDING	1/1/2015	$163.69	$1,964.28	$5,619.94	$67,439.28	TBD	N/A	TBD

Note 1: The 7.00% increase is the first month you will have attained age 55 following the first anniversary date of retirement. The 7.00% represents 3% of the original pension ($5,099.30) divided by 12 multiplied by 28 full months (9/2011 – 12/2013).

Illinois Department of Insurance - Pension Division
Benefit Calculator Report

Participant Summary			
Fund Name:	Willowbrook Police	**Participant Name:**	Stephen Finlon

Benefit Summary			
Fund Type:	Police		
Benefit Type:	Retirement		
Reciprocity:	No		
Birth Date:			
Hire Date:	7/7/1986	**Unpaid Break Days:**	14
Retired Date:	8/1/2011	**Effective Date of Benefit:**	8/2/2011
Annual Salary:	$97,906.54		
Creditable Service:	25 Year(s) 0 Month(s) 12 Day(s)		

Initial Benefit Summary	
Initial Benefit Date:	8/2/2011
Initial Annual Benefit:	$61,191.59 = 62.50% of $97,906.54 (Annual Salary)

Prorated Benefit Summary	
Prorated Date Range:	8/2/2011 - 8/31/2011
Prorated Benefit:	$4,934.81 = 30 Prorated Day(s) x $5,099.30 (Monthly Benefit)/31 Days in the Month
Total Prorated Benefit:	$4,934.81

Benefit Schedule

Benefit Type	Benefit Date	Monthly Increase	Monthly Benefit	Annual Benefit	Increase Rate
Initial Annual Benefit	8/2/2011	$0.00	$5,099.30	$61,191.59	
First Increase	1/1/2014	$356.95	$5,456.25	$65,475.00	7.00%
Annual Increase	1/1/2015	$163.69	$5,619.94	$67,439.28	3.00%
Annual Increase	1/1/2016	$168.60	$5,788.54	$69,462.48	3.00%
Annual Increase	1/1/2017	$173.66	$5,962.20	$71,546.40	3.00%
Annual Increase	1/1/2018	$178.87	$6,141.07	$73,692.84	3.00%
Annual Increase	1/1/2019	$184.23	$6,325.30	$75,903.60	3.00%
Annual Increase	1/1/2020	$189.76	$6,515.06	$78,180.72	3.00%
Annual Increase	1/1/2021	$195.45	$6,710.51	$80,526.12	3.00%
Annual Increase	1/1/2022	$201.32	$6,911.83	$82,941.96	3.00%
Annual Increase	1/1/2023	$207.35	$7,119.18	$85,430.16	3.00%
Annual Increase	1/1/2024	$213.58	$7,332.76	$87,993.12	3.00%
Annual Increase	1/1/2025	$219.98	$7,552.74	$90,632.88	3.00%
Annual Increase	1/1/2026	$226.58	$7,779.32	$93,351.84	3.00%
Annual Increase	1/1/2027	$233.38	$8,012.70	$96,152.40	3.00%

Illinois Department of Insurance - Pension Division
Benefit Calculator Report

Benefit Schedule

Benefit Type	Benefit Date	Monthly Increase	Monthly Benefit	Annual Benefit	Increase Rate
Annual Increase	1/1/2028	$240.38	$8,253.08	$99,036.96	3.00%
Annual Increase	1/1/2029	$247.59	$8,500.67	$102,008.04	3.00%
Annual Increase	1/1/2030	$255.02	$8,755.69	$105,068.28	3.00%
Annual Increase	1/1/2031	$262.67	$9,018.36	$108,220.32	3.00%
Annual Increase	1/1/2032	$270.55	$9,288.91	$111,466.92	3.00%
Annual Increase	1/1/2033	$278.67	$9,567.58	$114,810.96	3.00%
Annual Increase	1/1/2034	$287.03	$9,854.61	$118,255.32	3.00%
Annual Increase	1/1/2035	$295.64	$10,150.25	$121,803.00	3.00%
Annual Increase	1/1/2036	$304.51	$10,454.76	$125,457.12	3.00%
Annual Increase	1/1/2037	$313.64	$10,768.40	$129,220.80	3.00%
Annual Increase	1/1/2038	$323.05	$11,091.45	$133,097.40	3.00%
Annual Increase	1/1/2039	$332.74	$11,424.19	$137,090.28	3.00%
Annual Increase	1/1/2040	$342.73	$11,766.92	$141,203.04	3.00%
Annual Increase	1/1/2041	$353.01	$12,119.93	$145,439.16	3.00%
Annual Increase	1/1/2042	$363.60	$12,483.53	$149,802.36	3.00%
Annual Increase	1/1/2043	$374.51	$12,858.04	$154,296.48	3.00%
Annual Increase	1/1/2044	$385.74	$13,243.78	$158,925.36	3.00%
Annual Increase	1/1/2045	$397.31	$13,641.09	$163,693.08	3.00%
Annual Increase	1/1/2046	$409.23	$14,050.32	$168,603.84	3.00%
Annual Increase	1/1/2047	$421.51	$14,471.83	$173,661.96	3.00%
Annual Increase	1/1/2048	$434.15	$14,905.98	$178,871.76	3.00%
Annual Increase	1/1/2049	$447.18	$15,353.16	$184,237.92	3.00%
Annual Increase	1/1/2050	$460.59	$15,813.75	$189,765.00	3.00%
Annual Increase	1/1/2051	$474.41	$16,288.16	$195,457.92	3.00%
Annual Increase	1/1/2052	$488.64	$16,776.80	$201,321.60	3.00%
Annual Increase	1/1/2053	$503.30	$17,280.10	$207,361.20	3.00%
Annual Increase	1/1/2054	$518.40	$17,798.50	$213,582.00	3.00%
Annual Increase	1/1/2055	$533.96	$18,332.46	$219,989.52	3.00%
Annual Increase	1/1/2056	$549.97	$18,882.43	$226,589.16	3.00%
Annual Increase	1/1/2057	$566.47	$19,448.90	$233,386.80	3.00%
Annual Increase	1/1/2058	$583.47	$20,032.37	$240,388.44	3.00%
Annual Increase	1/1/2059	$600.97	$20,633.34	$247,600.08	3.00%
Annual Increase	1/1/2060	$619.00	$21,252.34	$255,028.08	3.00%
Annual Increase	1/1/2061	$637.57	$21,889.91	$262,678.92	3.00%
Annual Increase	1/1/2062	$656.70	$22,546.61	$270,559.32	3.00%

Village of Willowbrook

7760 Quincy Street
Willowbrook, IL 60527-5594

Phone: (630) 323-8215 • Fax: (630) 323-0787 • www.willowbrookil.org

August 8, 2011

MEMO TO: Police Pension Board

FROM: Carrie Dittman, Interim Director of Finance CD.

SUBJECT: Commander Michael Kurinec Pension Application

Enclosed for your review is an application for regular retirement benefits submitted by Commander Michael Kurinec. As noted on the paperwork Commander Kurinec's retirement date is August 1, 2011 and his retirement pension will begin on August 2, 2011. He has earned 28 years, 2 months and 3 days of service credit granting him 70.00% of his current salary of $97,906.54. This calculates to an annual pension amount of $68,534.58.

As required under state statute, as the Interim Finance Director acting as Pension Fund Treasurer I have attached Commander Kurinec's pension calculation.

APPLICATION FOR RETIREMENT BENEFITS

(POLICEMEN WITH 20 YEARS OR MORE OF CREDITABLE SERVICE WHO IS RETIRING)

WILLOWBROOK POLICE PENSION FUND

I am a member of the police department of Willowbrook, Illinois assigned to duty as a Commander. I was hired as a police officer on 05/09/1983 and my last day of employment is ~~07/31/2011~~ 8/1/2011 HJK. I was born on _____ my social security number is _____ I have performed police duty as a member of said police department for 28 years, 2 months, 22 days.

As I have creditable service of 28 years and am leaving the Department, I wish to apply for my pension benefits based on 70% of my salary as a police officer.

I also request from the pension board the amount of total contributions I have paid into the pension fund and whether said contributions were federally taxed or not.

(please check one of the following boxes)

☐ Federal payroll taxes were deducted from the pension contribution portion of my salary and paid to the Internal Revenue Service. The municipality does not participate in the Employer Pick Up Plan.

☐ Federal payroll taxes were deducted from the pension contribution portion of my salary.

☒ The Municipality, since 9.12.83, participates in the Employer Pick Up Plan and Federal taxes have not been deducted from the pension contribution portion of my salary since the above date.

TOTAL CONTRIBUTIONS TAXED: _____
TOTAL CONTRIBUTIONS NOT TAXED: _____

Michael J. Kurinec, 07/25/2011
Petitioner Date

_____
Address City State Zip Telephone number w/area code

<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<< >>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>

Pension benefits approved at _____ meeting.

_____, _____
Secretary/Trustee Date

_____, _____
President/Trustee Date

Village of Willowbrook Police Pension Fund
Pension Calculation

NAME:	Michael J. Kurinec
ADDRESS:	
TELEPHONE:	
DOB:	
SOCIAL SECURITY NO:	

STARTING DATE:	05/09/1983
ASSUMED RETIREMENT DATE (Last day of work):	8/1/2011
EFFECTIVE DATE OF BENEFIT:	8/2/2011
RANK:	Commander
TOTAL CONTRIBUTIONS:	$157,976.15
SALARY:	$97,906.54
EXTRA COMP: (Appointed position, educational incentive pay)	$1,500 longevity pay included in salary amount
LOST TIME: (Dates, explanation (i.e. suspension, leave of absence, medical disability, etc.))	1 day suspension (February 1987) 2 days suspension (August 2007) 3 days suspension (January 2008) 15 days suspension (June 2008) 21 total days

70.0% of $97,906.54 = $68,534.58 annual, $5,711.22 monthly (August 2011 check prorated $5,526.99)

Federal Deduction:	TBD
Insurance Deduction:	X Yes ___ No

	DATE	Monthly	Annual	MONTHLY CHECK	ANNUAL AMOUNT	FEDERAL	INSURANCE MONTHLY	NET MONTHLY
1st MONTHLY CHECK – PRORATED	8/2011			$5,526.99	N/A	TBD	TBD	TBD
1ST MONTHLY CHECK	9/2011			$5,711.22	$68,534.58	TBD	TBD	TBD
1ST 3% COMPOUNDING	9/1/2012	$171.34	$2,056.14	$5,882.56	$70,590.72	TBD	TBD	TBD

Illinois Department of Insurance - Pension Division
Benefit Calculator Report

Participant Summary			
Fund Name:	Willowbrook Police	**Participant Name:**	Michael Kurinec

Benefit Summary			
Fund Type:	Police		
Benefit Type:	Retirement		
Reciprocity:	No		
Birth Date:			
Hire Date:	5/9/1983	**Unpaid Break Days:**	21
Retired Date:	8/1/2011	**Effective Date of Benefit:**	8/2/2011
Annual Salary:	$97,906.54		
Creditable Service:	28 Year(s) 2 Month(s) 3 Day(s)		

Initial Benefit Summary	
Initial Benefit Date:	8/2/2011
Initial Annual Benefit:	$68,534.58 = 70.00% of $97,906.54 (Annual Salary)

Prorated Benefit Summary	
Prorated Date Range:	8/2/2011 - 8/31/2011
Prorated Benefit:	$5,526.99 = 30 Prorated Day(s) x $5,711.22 (Monthly Benefit)/31 Days in the Month
Total Prorated Benefit:	$5,526.99

Benefit Schedule

Benefit Type	Benefit Date	Monthly Increase	Monthly Benefit	Annual Benefit	Increase Rate
Initial Annual Benefit	8/2/2011	$0.00	$5,711.22	$68,534.58	
First Increase	9/1/2012	$171.34	$5,882.56	$70,590.72	3.00%
Annual Increase	1/1/2013	$176.48	$6,059.04	$72,708.48	3.00%
Annual Increase	1/1/2014	$181.77	$6,240.81	$74,889.72	3.00%
Annual Increase	1/1/2015	$187.22	$6,428.03	$77,136.36	3.00%
Annual Increase	1/1/2016	$192.84	$6,620.87	$79,450.44	3.00%
Annual Increase	1/1/2017	$198.63	$6,819.50	$81,834.00	3.00%
Annual Increase	1/1/2018	$204.59	$7,024.09	$84,289.08	3.00%
Annual Increase	1/1/2019	$210.72	$7,234.81	$86,817.72	3.00%
Annual Increase	1/1/2020	$217.04	$7,451.85	$89,422.20	3.00%
Annual Increase	1/1/2021	$223.56	$7,675.41	$92,104.92	3.00%
Annual Increase	1/1/2022	$230.26	$7,905.67	$94,868.04	3.00%
Annual Increase	1/1/2023	$237.17	$8,142.84	$97,714.08	3.00%
Annual Increase	1/1/2024	$244.29	$8,387.13	$100,645.56	3.00%
Annual Increase	1/1/2025	$251.61	$8,638.74	$103,664.88	3.00%

Illinois Department of Insurance - Pension Division
Benefit Calculator Report

Benefit Schedule					
Benefit Type	**Benefit Date**	**Monthly Increase**	**Monthly Benefit**	**Annual Benefit**	**Increase Rate**
Annual Increase	1/1/2026	$259.16	$8,897.90	$106,774.80	3.00%
Annual Increase	1/1/2027	$266.94	$9,164.84	$109,978.08	3.00%
Annual Increase	1/1/2028	$274.95	$9,439.79	$113,277.48	3.00%
Annual Increase	1/1/2029	$283.19	$9,722.98	$116,675.76	3.00%
Annual Increase	1/1/2030	$291.69	$10,014.67	$120,176.04	3.00%
Annual Increase	1/1/2031	$300.44	$10,315.11	$123,781.32	3.00%
Annual Increase	1/1/2032	$309.45	$10,624.56	$127,494.72	3.00%
Annual Increase	1/1/2033	$318.74	$10,943.30	$131,319.60	3.00%
Annual Increase	1/1/2034	$328.30	$11,271.60	$135,259.20	3.00%
Annual Increase	1/1/2035	$338.15	$11,609.75	$139,317.00	3.00%
Annual Increase	1/1/2036	$348.29	$11,958.04	$143,496.48	3.00%
Annual Increase	1/1/2037	$358.74	$12,316.78	$147,801.36	3.00%
Annual Increase	1/1/2038	$369.50	$12,686.28	$152,235.36	3.00%
Annual Increase	1/1/2039	$380.59	$13,066.87	$156,802.44	3.00%
Annual Increase	1/1/2040	$392.01	$13,458.88	$161,506.56	3.00%
Annual Increase	1/1/2041	$403.77	$13,862.65	$166,351.80	3.00%
Annual Increase	1/1/2042	$415.88	$14,278.53	$171,342.36	3.00%
Annual Increase	1/1/2043	$428.36	$14,706.89	$176,482.68	3.00%
Annual Increase	1/1/2044	$441.21	$15,148.10	$181,777.20	3.00%
Annual Increase	1/1/2045	$454.44	$15,602.54	$187,230.48	3.00%
Annual Increase	1/1/2046	$468.08	$16,070.62	$192,847.44	3.00%
Annual Increase	1/1/2047	$482.12	$16,552.74	$198,632.88	3.00%
Annual Increase	1/1/2048	$496.58	$17,049.32	$204,591.84	3.00%
Annual Increase	1/1/2049	$511.48	$17,560.80	$210,729.60	3.00%
Annual Increase	1/1/2050	$526.82	$18,087.62	$217,051.44	3.00%
Annual Increase	1/1/2051	$542.63	$18,630.25	$223,563.00	3.00%
Annual Increase	1/1/2052	$558.91	$19,189.16	$230,269.92	3.00%
Annual Increase	1/1/2053	$575.67	$19,764.83	$237,177.96	3.00%
Annual Increase	1/1/2054	$592.94	$20,357.77	$244,293.24	3.00%
Annual Increase	1/1/2055	$610.73	$20,968.50	$251,622.00	3.00%
Annual Increase	1/1/2056	$629.06	$21,597.56	$259,170.72	3.00%
Annual Increase	1/1/2057	$647.93	$22,245.49	$266,945.88	3.00%
Annual Increase	1/1/2058	$667.36	$22,912.85	$274,954.20	3.00%
Annual Increase	1/1/2059	$687.39	$23,600.24	$283,202.88	3.00%
Annual Increase	1/1/2060	$708.01	$24,308.25	$291,699.00	3.00%

Village of Willowbrook

7760 Quincy Street
Willowbrook, IL 60527-5594

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August 8, 2011

MEMO TO: Police Pension Board

FROM: Carrie Dittman, Interim Director of Finance C.D.

SUBJECT: IL Department of Insurance Security Administrator

In order to complete the online annual filing of the Police Pension report with the IL Dept of Insurance (IDOI), a new security administrator must be designated (the former finance director was the previous security administrator). Per the enclosed correspondence with Mike Langenfeld of IDOI, the change must be requested in writing using the IDOI's attached prescribed form and must be signed by the Fund's president, secretary and treasurer (or whomever is acting in that capacity), and notorized.

SECURITY ADMINISTRATOR AUTHORIZATION FORM

Date of Authorization: August 8, 2011

Pension Fund Name: Willowbrook Police Pension Pension Fund Number: 3315

Umberto Davi President, Scott Eisenbeis Secretary,

and Carrie Dittman Treasurer of the

Village of Willowbrook Police Pension Fund

Being duly sworn, each for himself deposes and states that they are the above described officers of the said Pension Fund and that the person named below is appointed as Security Administrator. The Security Administrator is responsible for assigning roles for the completion and/or viewing of the annual statement filings and for granting access to previously filed annual statement information. Any change to the designated Security Administrator must be reported to the Illinois Department of Insurance, Public Pension Division, in writing using this form or another form prescribed by the Illinois Department of Insurance, Public Pension Division.

Security Administrator: Carrie Dittman, Interim Finance Director

Email address: cdittman@sikich.com

Subscribed and sworn to before me this 8 day of August, 2011

President _____

Secretary _____

Treasurer Carrie Dittman

(Seal)

_____
(Notary Public)

Mail completed form to: Illinois Department of Insurance
Public Pension Division
320 West Washington Street
Springfield, Illinois 62767-0001