

CITY OF OKEECHOBEE MUNICIPAL FIREFIGHTERS' PENSION FUND

REQUEST FOR SERVICE CREDIT COST INFORMATION
FOR PRIOR FIRE SERVICE

STEP 1 - COMPLETE SECTION A.

If we have provided cost information to you in the past for this service credit, check the "Yes" box and indicate the date your request was submitted. If you have submitted a retirement application, check the "Yes" box and indicate your planned retirement date.

Part 1 Fill in your current mailing information.

Part 2 List your prior public service dates of employment.

Part 3 Sign and date the request form.

STEP 2 - SUBMIT THE COMPLETED REQUEST FORM.

- Make copy for your records.
- Attach a completed Prior Public Employer Verification form for each prior public employer for which you are requesting service credit.
- Mail the original to the Board's address listed below with a check for \$_____, made payable to the Board.

SECTION A: DOCUMENTATION OF SERVICE (to be completed by member)

Have you requested this cost information before? ☐ Yes ☐ No

If yes, list date request was submitted: _____

Have you submitted a retirement application? ☐ Yes ☐ No

Have you purchased or are you receiving credited service for this prior public service in any other plan? ☐ Yes ☐ No

Part 1 Member information

Name _____ Social Security Number _____

Former Name (if applicable) _____

Daytime Phone _____

Mailing Address _____ City _____ State _____ Zip _____

"Pursuant to Section 119.071(5)(a)2., Florida Statutes, your social security number is requested for the purpose of determining eligibility for retirement benefits as a plan member, retiree or beneficiary; the processing of retirement benefits; verification of retirement benefits; income reporting; or other notice or disclosures related to retirement benefits. Your social security number will be used solely for one or more of these purposes."

Part 2

I understand that I may claim retirement credit for firefighter service that was earned in another public pension system provided I will not be eligible to receive a benefit in that public pension system. I was employed by the following employer(s) on the date(s) indicated:

Prior Public Employer	Employment Dates
_____	_____
_____	_____
_____	_____
_____	_____

I was a certified firefighter during all periods listed above.

Part 3 Certification

I understand that if I intend to rollover funds from another pension source in order to purchase all or part of this service credit, I must complete Form PF-20, Rollover Request/Certification. If I do not submit Form PF-20, my purchase will be deemed to have been made with after-tax money and not tax deferred rollover funds.

I hereby certify that the above information is true and correct and authorize the administrator of the applicable retirement system to provide the City of Okeechobee Municipal Firefighters' Pension Fund with the information requested in Section B and any other data that they may require.

Member's Signature

Date

Please return completed form to:

Okeechobee Municipal Firefighters' Pension Fund
Pension Resource Center
4360 Northlake Blvd., Ste. 206
Palm Beach Gardens, Florida 33410-6264

In no event may Credited Service be purchased for prior service with any other eligible public employer, if such prior service forms or will form the basis of a retirement benefit or pension from a different employer's retirement system or plan.

SECTION B: PRIOR PUBLIC EMPLOYER SERVICE VERIFICATION FORM

Member Name: _____ Member SS#: _____

Maiden or Other Names Used: _____ Birth date: _____

Please certify the dates of retirement covered employment. Florida law does not allow members to receive credit for prior public employment in both the City of Okeechobee Municipal Firefighters' Pension Fund and a different employer's public pension system. Please answer the following questions and return this form so we may determine the member's eligibility to purchase prior public service credit.

Dates of Service Mo/Day/Yr (MM/DD/YY) From To		# Mos Worked	Full-time Employment?	Certified Firefighter?
			___ Yes ___ No	___ Yes ___ No
			___ Yes ___ No	___ Yes ___ No
			___ Yes ___ No	___ Yes ___ No
			___ Yes ___ No	___ Yes ___ No
			___ Yes ___ No	___ Yes ___ No

1. Is your pension plan a defined benefit plan? ___ Yes ___ No

2. Is your pension plan a defined contribution plan? ___ Yes ___ No

a. If your plan is a defined contribution plan, were employer contributions made on the individual's behalf? ___ Yes ___ No

b. If yes, what is the status of those contributions? _____

3. Is the member eligible to receive a benefit from your system, now or in the future? ___ Yes ___ No

4. Does the member have credit in your system for service in another employers' plan? ___ Yes ___ No

If yes, please list the system and year(s) below:

System: _____ From: _____ To: _____

5. Has the member closed his retirement account? ___ Yes ___ No

a. If no, please explain _____

b. If applicable, when were the member's contributions withdrawn? ___ / ___ / ___

I certify that the above information was taken from the official records of _____
(Name of system), which is a public retirement or pension system.

Signature: _____ Phone: _____

Print Name: _____ Address: _____

Title: _____ Date: _____

Name of Responding Agency: _____