

PALM BEACH GARDENS POLICE PENSION FUND
APPLICATION FOR BUY BACK OF SERVICE

PLEASE PRINT OR TYPE:

1. a. Name of Employee: _____
(Last) (First) (Middle)
- b. Social Security Number: _____
- c. Date of Birth: _____
(Month-Day-Year)
- d. Home Telephone Number: _____
Include Area Code
Other Contact Number: _____
Include Area Code
- e. Home Address: _____
(Street)
- _____
(City) (State) (Zip Code)

2. a. Date of Hire by the City of Palm Beach Gardens as a Police Officer: _____
(Month-Day-Year)
- b. Position in the Police Department: _____
3. a. I would like to purchase police officer service time from the City of Palm Beach Gardens from _____ to _____.
or
- b. I would like to purchase police officer service time from the _____ (a governmental entity rendering police services) from _____ to _____. This service is not the basis for a pension nor will it be the basis for a pension.

Address and contact information:

or

- c. I would like to purchase United States Military service time from _____ to _____. (Please attach a copy of your Form DD214).

I hereby certify that the above statements are true and correct to the best of my knowledge. I understand that a false statement may disqualify me for benefits. I further understand that the actuarial cost of this request will be included in the amount that I must pay to purchase the time.

EMPLOYEE'S SIGNATURE

DATE

STATE OF FLORIDA
COUNTY OF PALM BEACH

Sworn to (or affirmed) and subscribed before me this _____ day of _____,
20____, by _____.

_____ Personally known

_____ **OR** Produced identification

Type of identification produced: _____

Notary Public, State of Florida

[notary seal]

NOTE: Pension contributions may be refunded to any person who stops work for the City as a police officer with less than ten (10) years of service.