

Sunrise General Employees Retirement Fund
APPLICATION FOR BUY BACK OF SERVICE
GENERAL EMPLOYEES

PLEASE PRINT OR TYPE:

1. a. Name of Employee: _____
(Last) (First) (Middle)
b. Social Security Number (last 4 digits only): XXX-XX-____
c. Date of Birth: _____
(Month-Day-Year)
d. Home Telephone Number: (____) _____
e. Home Address: _____
(Street)

(City) (State) (Zip Code)
2. a. Date of Hire by City of Sunrise : _____
(Month-Day-Year)
b. Position in the City: _____
3. I would like to purchase military service time from the City of Sunrise from _____ to _____. Attach Form DD 214 Certificate of Release or Discharge from Active Duty. In order to receive credit for such service you must have left City employment to enter military service and reentered employment by the City within one (1) year of the date of release from military service.
4. I would like to purchase prior government service time for the period from _____ to _____. Attach verification of prior government service through the City of Sunrise or another governmental agency in the State of Florida. You may, upon regaining employment with the City, buy-back prior service, including up to five (5) years of intervening, non-pensionable government service. Credit for one (1) year of intervening government service may be purchased for each year of prior creditable service a member elects to buy back up to a maximum of five (5) years. I understand I am not obligated to purchase the entire time but can purchase, in whole or in part, my prior government service.
5. I understand that I must file with the Board a notification of my intention to participate in the buy-back within **sixty (60) days** after reinstatement of employment. This Application is my notification of my intention to participate in the buy-back. I understand that the buy-back must

be done in accordance with Sunrise City Code Section 11-38, which includes the specified interest rate that applies to such buy-back.

6. I understand that the buy-back must be completed within one (1) year following notification to the Board of the intention to participate in the buy-back. I further understand that my failure to complete the buy-back within the one (1) year period shall result in a forfeiture of my right to the buy-back and an immediate refund of all my buy-back contributions, without interest.
7. I understand that the buy-back contribution may be made by a cash payment to the Fund, through authorization of additional pickup contributions, or by a transfer of assets from another qualified retirement plan.
8. I understand that no credit for prior service shall be granted nor may any benefit be based on prior service until full repayment is made.

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.

EMPLOYEE'S SIGNATURE

DATE

STATE OF FLORIDA:
COUNTY OF BROWARD:

BEFORE ME, the undersigned authority, personally appeared _____, who is personally known to me or has produced _____ as identification and who did take an oath and, after being duly cautioned and sworn, deposes and says that he/she has signed the foregoing document for the reasons therein contained.

SWORN TO AND SUBSCRIBED before me this the _____ day of _____, 20____.

Notary Public, State of Florida

My Commission Expires:
My Commission Number is: