WEST PALM BEACH FIREFIGHTERS PENSION FUND

APPLICATION FOR BUY BACK OF SERVICE

PLEASE PRINT OR TYPE:

۱.	a.	Name of Employee:
		Name of Employee:(First) (Middle)
	b.	Social Security Number:
	C.	Date of Birth: (Month - Day - Year)
		(Monun - Day - fear)
	d.	Home Telephone Number: () Area Code
		Other Contact Number: () Area Code
	e.	Home Address:
		(City) (State) (Zip Code)
2.	a.	Date of Hire by the City of West Palm Beach as a Firefighter:
		(Month-Day-Year)
	b.	Position in the Fire Department:
3.	a.	I would like to purchase firefighter service time from the City of West Palm Beach from to (Exact Month-Day-Year) (Exact Month-Day-Year).
		Oľ
	b.	I would like to purchase firefighter service time from the
		(a governmental entity
	rend	dering fire service) from to (Exact Month-Day-Year) (Exact Month-Day-Year).
	This	service is not the basis for a pension nor will it be the basis for a pension.

	or
C.	I would like to purchase United States Military service time from
	(Month-Day-Year) to This service is not the l
for a	a pension, nor will it be the basis for a pension. (Please attach a copy of Form Dl

my knowledge. I understand that a false statement may disqualify me for benefits.

EMPLOYEE'S SIGNATURE

DATE

<u>NOTE</u>: Pension contributions (including buy back payments) may be refunded to any person who stops work for the City as a firefighter with less than ten (10) years of service.

STATE OF FLORIDA COUNTY OF _____

Sworn to (or affirmed) and subscribed before me this _____ day of _____,

20____, by ______.

_____ Personally known to me - OR -

Produced identification

NOTARY: Please specify type of identification provided:_____

Signature of Notary Public - State of Florida

Print, Type, or Stamp Commissioned Name of Notary Public

[NOTARY SEAL]

BSJ/ka

Revised: 03/05/02–KA 03/01/05-KA