

APPLICATION TO PURCHASE PRIOR SERVICE

Department of State Treasurer, Firemen's and Rescue Squad Workers' Pension Fund
325 North Salisbury Street, Raleigh, North Carolina 27603-1385

Name _____ S.S. No. _____
 Address _____ Date of Birth _____
 City _____ State _____ Zip Code _____
 Telephone No. () _____ Sex: Male Female

Currently: a member of Fire Rescue
 Department Name _____ County _____
 no longer in Fire/Rescue service → Date service ended _____

NOTE: 1. A separate certification section is required from each dept./squad where prior service was completed.
 2. The cost of prior service credits will be prepared by the Pension Fund after a determination of eligibility. Send **no** contributions with this application.

Name of Department / Squad Prior Service Dates.....				Total	
	From		Through		Length of Service	
	Month	Year	Month	Year	Year(s)	Month(s)
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____

IN THE EVENT YOU DO NOT WISH TO PURCHASE CREDIT FOR **ALL** PRIOR SERVICE, PLEASE INDICATE IN THE SPACE PROVIDED THE AMOUNT OF TIME YOU WISH TO PURCHASE (YEARLY INCREMENTS ONLY) _____
 Year(s)

Have you previously requested a calculation from our office regarding the above prior service?
 Yes No

Are you a present or former member of the Firemen's & Rescue Squad Workers' Pension Fund?
 Yes No

I hereby certify that the above information is true and correct to the best of my knowledge under penalty of law.

Signature of Applicant _____ **Date** _____

Address to which cost calculation is to be sent (if different than above address of applicant):

Name _____

Address _____

City _____ State _____ Zip Code _____

Department Certification

I hereby certify that the information on the above-named person is true and correct to the best of my knowledge under penalty of law.

 Signature of Fire Chief / Rescue Squad Captain _____
Date