

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 Length of Service Year(s) Month(s)
	From Month	Year	Through Month	Year	
_____	_____	_____	_____	_____	= _____
_____	_____	_____	_____	_____	= _____

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