

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	
	From		Through		Year(s)	Month(s)
	Month	Year	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