

**SUNRISE  
POLICE OFFICERS' RETIREMENT PLAN**

**REQUEST FOR SERVICE CREDIT COST INFORMATION  
FOR PRIOR POLICE SERVICE**

**STEP 1 - COMPLETE SECTION A.**

If we have provided cost information to you in the past for this service credit, check the "Yes" box and indicate the date your request was submitted. If you have submitted a retirement application, check the "Yes" box and indicate your planned retirement date.

- Part 1**          Fill in your current mailing information.
- Part 2**          List your prior public service dates of employment.
- Part 3**          Sign and date the request form.

**STEP 2 - SUBMIT THE COMPLETED REQUEST FORM.**

- Make copy for your records.
- Attach a completed Prior Public Employer Verification form for each prior public employer for which you are requesting service credit.
- Mail the original to the Board's address listed below with a check for \$400.00, made payable to the Board.

**SECTION A: DOCUMENTATION OF SERVICE (to be completed by member)**

Have you requested this cost information before?  Yes  No

If yes, list date request was submitted: \_\_\_\_\_

Have you submitted a retirement application?  Yes  No

Have you purchased or are you receiving credited service for this prior public service in any other plan?  Yes  No

**Part 1 Member information**

\_\_\_\_\_  
Name Social Security Number

\_\_\_\_\_  
Former Name (if applicable)

\_\_\_\_\_  
Daytime Phone

\_\_\_\_\_  
Mailing Address          City                                  State                                  Zip

Part 2

I understand that I may claim retirement credit for police officer service that was earned in another public pension system provided I will not be eligible to receive a benefit in that public pension system. I was employed by the following employer(s) on the date(s) indicated:

Prior Public Employer	Employment Dates
_____	_____
_____	_____
_____	_____
_____	_____

I was a certified police officer during all periods listed above.

**Part 3 Certification**

I hereby certify that the above information is true and correct and authorize the administrator of the applicable retirement system to provide the Sunrise Police Officers' Retirement Plan with the information requested in Section B and any other data that they may require.

\_\_\_\_\_  
Member's Signature

\_\_\_\_\_  
Date

**Note: If you intend to rollover funds from another pension source in order to purchase all or part of this service credit, you must complete Form PF-20, Rollover Request/Certification.**

Please return completed form to:

**Sunrise Police Officers' Retirement Plan  
13790 N. W. 4th Street  
Ste. 105  
Sunrise, Florida 33325**

**In no event may Credited Service be purchased for prior service with any other municipal, county or state law enforcement department, if such prior service forms or will form the basis of a retirement benefit or pension from a different employer's retirement system or plan.**

**SECTION B: PRIOR PUBLIC EMPLOYER SERVICE VERIFICATION FORM**

Member Name: \_\_\_\_\_ Member SS#: \_\_\_\_\_

Maiden or Other Names Used: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Please certify the dates of retirement covered employment. Florida law does not allow members to receive credit for prior public employment in both the Sunrise Police Officers' Retirement Plan and a different employer's public pension system. Please answer the following questions and return this form so we may determine the member's eligibility to purchase prior public service credit.

Dates of Service Mo/Day/Yr (MM/DD/YY) From To		# Mos Worked	Full-time Employment?	Certified police officer?
			___ Yes ___ No	___ Yes ___ No
			___ Yes ___ No	___ Yes ___ No
			___ Yes ___ No	___ Yes ___ No
			___ Yes ___ No	___ Yes ___ No
			___ Yes ___ No	___ Yes ___ No

1. Is your pension plan a defined benefit plan? \_\_\_ Yes \_\_\_ No
2. Is your pension plan a defined contribution plan? \_\_\_ Yes \_\_\_ No
  - a. If your plan if a defined contribution plan, were employer contributions made on the individual's behalf? \_\_\_ Yes \_\_\_ No
  - b. If yes, what is the status of those contributions? \_\_\_\_\_
3. Is the member eligible to receive a benefit from your system, now or in the future? \_\_\_ Yes \_\_\_ No
4. Does the member have credit in your system for service in another employers' plan? \_\_\_ Yes \_\_\_ No
 

If yes, please list the system and year(s) below:  
 System: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_
5. Has the member closed his retirement account? \_\_\_ Yes \_\_\_ No
  - a. If no, please explain \_\_\_\_\_
  - b. If applicable, when were the member's contributions withdrawn? \_\_\_/\_\_\_/\_\_\_

I certify that the above information was taken from the official records of \_\_\_\_\_ (Name of system), which is a public retirement or pension system.

Signature: \_\_\_\_\_ Phone: \_\_\_\_\_

Print Name: \_\_\_\_\_ Address: \_\_\_\_\_

Title: \_\_\_\_\_ Date: \_\_\_\_\_

**SOCIAL SECURITY NUMBER COLLECTION DISCLOSURE STATEMENT**

Your social security number is requested for purposes of determining eligibility for retirement benefits as a plan member, retiree or beneficiary; for processing of retirement benefits; for verification of retirement benefits; for income reporting; or for other notice or disclosures related to retirement benefits. Your social security number will be used solely for one or more of these purposes. The collection and use of your social security number is authorized by Section 119.071(5)(a)(2)(a)(II), Florida Statutes.