

Deerfield Beach Municipal Firefighters' Pension Trust Fund

Application for Buyback of Service

Personal Information

Please print or type:

1. a. Name of Member: _____
b. Social Security Number: _____
c. Date of Birth: _____
d. Home Telephone: _____
e. Cell Phone Number: _____
f. Home Address: _____

g. Email Address: _____

2. a. Date of Hire by the City of Deerfield Beach: _____
b. Position in Fire Department: _____

3. a. I would like to purchase United States Military service time from _____ to _____.
This service is not the basis for a pension nor will it be the basis for a pension. (Attach copy of DD214)

- b. I would like to purchase firefighter service time from _____
(a governmental entity rendering fire service)
for my employment from _____ to _____.
This service is not the basis for a pension nor will it be the basis for a pension. (Attach Verification Form)

Certification

I hereby certify that the above statements are true and correct to the best of my knowledge, and understand that false statements may disqualify me for benefits.

Member's Signature

Date

STATE OF _____

COUNTY OF _____

SWORN TO (or AFFIRMED) AND SUBSCRIBED before me this ____ day of _____, 20____, by
_____ who:

is personally known to me

OR produced identification: _____

Type of Identification Produced

Signature - Notary Public

NOTARY: Print, type or stamp your name in addition to seal:

Printed Name of Notary

Deerfield Beach Municipal Firefighters' Pension Trust Fund

Prior Public Employer Service Verification Form

Personal Information

Please print or type:

1. a. Name of Member: _____
 b. Social Security Number: _____
 c. Date of Birth: _____

2. Period of Covered Employment

Please complete the following with regard to the period of covered employment. Florida law does not allow members to receive credit for prior public employment in both the Deerfield Beach Municipal Firefighters' Pension Trust Fund and a different employer's public pension system. Please answer the following questions so that the member's eligibility to purchase prior public service credit may be determined.

Dates of Service (MM/DD/YYYY)		#Mos Worked	Full-time Employment?		Certified Firefighter?	
From	To		<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
			<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
			<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
			<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
			<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No

3. a. Is your pension plan a defined benefit plan? Yes No
 b. Is member eligible to receive a benefit from this plan (now or in future)? Yes No
 c. Has the member closed his retirement account? Yes No

Certification

I certify the above information was taken from the official records of _____
 (name of system), which is a public retirement or pension system.

Signature

Date

Print name

Title

Address

Phone