

CHARLOTTE FIREFIGHTERS' RETIREMENT SYSTEM APPLICATION TO PURCHASE SERVICE CREDIT FOR PRIOR GOVERNMENT EMPLOYMENT

NOTE: PART 1 is to be completed by the member/employee. This form should then be forwarded to the former local, state or federal employer. (A separate form should be sent to each former employer.)

PART 2 is to be completed by the former government employer. This form should then be forwarded to that employer's retirement system.

PART 3 is to be completed by the former employer's retirement system. This form should then be forwarded to the Charlotte Firefighters' Retirement System, 428 East 4th Street, Suite 205, Charlotte, North Carolina 28202.

Member's Name _____ S. S. # _____
 Street _____ Employee # _____
 City _____ State _____ Zip _____ Phone # _____

PART 1 MEMBER'S CERTIFICATION

1. Show name and location of former government employer and dates employed:

Former Government Employer	From			To		
	Month	Day	Year	Month	Day	Year

2. When you performed your prior government service, was your name the same as shown above? **Yes** **No** .
- If "No", what was your name then? _____
3. Are you entitled to a retirement benefit from another public retirement system as a result of the above listed prior service? **Yes** **No** .
- If "Yes," you are not eligible to purchase credit in the Charlotte Firefighters' Retirement System for the same service.
4. Was your prior government service performed on a permanent and full-time basis? **Yes** **No** . If "No," you are not eligible to purchase credit for your prior government service.
5. Were you employed by any other government employer, other than the one shown above, which you are contacting for Employer Certification (Part 2, Form CFRS -14A)? **Yes** **No** . If "Yes," write the names of the other employers under "Comments" below.

Comments _____

Signature _____ **Date** _____

PART 2 EMPLOYER'S CERTIFICATION OF GOVERNMENT SERVICE CLAIM

From official available records, I certify that _____,

Name of Employee

_____, was employed on a permanent, full-time basis in public employment as shown below and the said employee

Social Security Number

received pay for the following services:

Name of Public Employer	From			To			No. of Months in Contract Year
	Month	Day	Year	Month	Day	Year	

Comments _____

Signature _____ Title _____

Address _____ Date _____

Phone # _____

PLEASE FORWARD THIS FORM DIRECTLY TO YOUR GOVERNMENT RETIREMENT SYSTEM ONLY IF NOT NORTH CAROLINA. Otherwise, return to CHARLOTTE FIREFIGHTERS' RETIREMENT SYSTEM. Thank you.

PART 3 RETIREMENT SYSTEM'S CERTIFICATION OF GOVERNMENT SERVICE CREDIT

The member named on the other side of this form wishes to establish credit for prior government service with the Charlotte Firefighters' Retirement System. Government service may include: service to another State or political sub-division of a State; territory of the United States; political sub-division of the State of North Carolina; Agency of the Federal government. Our law will not permit the purchase of prior government service credit if a benefit is allowable in another public retirement system as a result of such service. Please complete the statements below to indicate the member's eligibility for retirement benefits from your system.

1. Has our member withdrawn his contributions from your system? Yes No .
 a. If "Yes," please show the date of withdrawal _____.
2. Is our member receiving or entitled to receive a benefit from your system based on any of the service shown above? Yes No .
3. Does our member have credit in your system for service creditable in another retirement system? Yes No .
 If "Yes," please indicate the system(s) and year(s) below.

Comments _____

Signature _____ Title _____

Address _____ Date _____

Phone # _____

PLEASE RETURN THIS FORM TO CHARLOTTE FIREFIGHTERS' RETIREMENT SYSTEM, 428 EAST 4TH STREET, SUITE 205, CHARLOTTE, NC 28202. YOUR ASSISTANCE IS APPRECIATED.