

**City of Fort Lauderdale Police and Fire Retirement System**  
**888 South Andrews Avenue Suite 202**  
**Fort Lauderdale, Florida 33316**  
**(954) 828-5595**

**Purchase of Prior Fire Service Request and Verification Form**

Firefighters are permitted to purchase up to five (5) years credited service based upon prior employment as a firefighter/paramedic with a federal, state, county, fire district, or municipal fire department, provided the member surrenders any credited service and retirement benefits (excluding a return of employee contributions or a military pension). The member must provide proof of the cancellation of any pension benefit for the time purchased. Employment with a private entity or government contractor is not available for use as purchased creditable service. The member must pay the full actuarial cost of the time purchased as determined by the actuary for the Retirement System. Payment may be made by a rollover from another qualified retirement account, the Fort Lauderdale Chapter 175 Share Plan, a 457 Plan, payroll deduction, or in cash. If payroll deduction is elected, the member may not later choose a different method of payment. If the repayment is discontinued for any reason prior to the full actuarially determined amount, only the credit purchased to that date will be received. The member is responsible for the cost of each actuarial study requested.

\_\_\_\_\_  
Employee Name

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

\_\_\_\_\_  
Maiden Name or Other Name(s) Known By

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Employee Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip

\_\_\_\_\_  
Telephone Number

\_\_\_\_\_  
E-mail Address

**Employee to Complete - Prior Agency Information:**

\_\_\_\_\_  
Agency Name

\_\_\_\_\_  
Prior Agency Employee ID # (if known)

\_\_\_\_\_  
Prior Agency Address

\_\_\_\_\_  
Prior Agency

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip

\_\_\_\_\_  
Prior Agency Telephone #

\_\_\_\_\_  
Prior Agency Fax #

\_\_\_\_\_  
Job/Position Title at Prior Agency

\_\_\_\_\_  
Length of Service You Want to Buy-back

\_\_\_\_\_  
Date of Hire at Prior Agency

\_\_\_\_\_  
Date of Separation from Prior Agency

# RELEASE OF INFORMATION

I \_\_\_\_\_ hereby authorize the release of information by my prior employer and prior retirement system to the Fort Lauderdale Police and Fire Retirement System for the purposes of verifying prior credited service. I hereby certify that the above information is true and correct to the best of my knowledge.

\_\_\_\_\_  
Employee Authorization Signature

\_\_\_\_\_  
Date

STATE OF \_\_\_\_\_  
COUNTY OF \_\_\_\_\_

The foregoing instrument is acknowledged before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, by \_\_\_\_\_, who is personally known to me or who produced \_\_\_\_\_ as identification.

\_\_\_\_\_  
Notary Public Signature