

# Peace Officers' Annuity and Benefit Fund of Georgia

P.O. Box 56

Griffin, GA 30224

Phone: (770) 228-8461 / Fax: (770) 412-1236

## PROCEDURE FOR REQUESTING REFUND OF DUES

Three items are required to process a refund:

1. **The Refund Request Form** must be completed by Member and notarized.
  - a. If you are ***currently employed*** as a Peace Officer, the top portion should be signed. Your *current employer* must complete the "Certification by Employing Agency" form (see #2) with the phrase "still employed" written on question #11 instead of a termination date. Once refunded, the former membership cannot be reconsidered for at least 6 months and any service credit accrued during the previous membership is forfeited.
  - b. If you are ***NOT currently employed*** as a Peace Officer, the lower portion should be signed. Your *former employer* must complete the "Certification by Employing Agency" form (see #2) verifying the date of your termination.

**NOTE:** Should the member return to law enforcement, re-application for membership in the Fund must occur within **8 months** of re-employment in order to repay the refund (with interest), thereby reclaiming prior service. Otherwise, the member may re-apply at any time, but previous service is forfeited.

2. **Certification by Employing Agency Form** must be completed and signed by an authorized representative of your personnel department and notarized.  
(See #1 for details if no longer employed.)

3. **Original Membership Certificate** was issued upon your initial membership in joining the fund and must be returned with the above forms. If this certificate cannot be located, the enclosed Affidavit must be completed explaining the circumstances of loss. The Lost Certificate Affidavit is on the reverse side of the Refund Request Form.

***Refunds will be processed upon receipt of the above requirements.  
(Approximately 7 to 10 business days)***

# REFUND REQUEST

FROM: Name \_\_\_\_\_ Soc. Sec. # \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

## NOW EMPLOYED AS A PEACE OFFICER

I hereby make application for the return of my accumulated contributions and/or dues (as provided in Georgia. Code 47-17-83). I understand by taking this refund, while employed in a position which qualifies for membership as a peace officer, I will forfeit any credit for service prior to this date.

In consideration for the issuance of my refund, I do hereby waive for myself, my heirs, and assigns, all my right, title and interest to any benefits I may have had in the Peace Officers' Annuity and Benefit Fund of Georgia.

With this request, I am returning my Membership Certificate or I have completed the affidavit on the back side of this form that such Certificate has been lost and cannot be located.

I also understand that I cannot be considered for membership in this Fund again for a period of at least six (6) months.

Date \_\_\_\_\_  
\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
Notary

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## NOT NOW EMPLOYED AS A PEACE OFFICER

I hereby make application for the return of my accumulated contributions and/or dues (as provided in Ga. Code 47-17-83). I understand that I may be eligible for active membership in this Fund upon reemployment in a peace officer position subject to the provisions of Ga. Laws, at such time as I make application for membership, (present laws require that such application must be made within the first eight (8) months of such reemployment).

In consideration for the issuance of my refund, I do hereby waive for myself, my heirs, and assigns, all my right, title and interest to any benefits I may have had in the Peace Officers' Annuity and Benefit Fund of Georgia.

With this request, I am returning my Membership Certificate or I have completed the affidavit on the back side of this form that such Certificate has been lost and cannot be located.

Date \_\_\_\_\_  
\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
Notary

# LOST CERTIFICATE AFFIDAVIT

**GEORGIA**  
**COUNTY OF** \_\_\_\_\_

TO: The Peace Officers' Annuity and Benefit Fund of Georgia,  
P. O. Box 56, Griffin, Georgia 30224

For the purpose of establishing the loss or destruction of Membership Certificate No. \_\_\_\_\_ held by \_\_\_\_\_ with said Fund, the undersigned hereby supplies the following information:

1. When did the loss or destruction of the Membership Certificate occur? \_\_\_\_\_

2. In whose possession was the Membership Certificate at that time? Name \_\_\_\_\_

3. What do you know about the loss or destruction of said Membership Certificate? Explain fully

4. What steps have you taken to locate the Membership Certificate? Explain fully \_\_\_\_\_

The undersigned hereby declares that the above statements are complete and true and are made for the purpose of inducing the Peace Officers' Annuity and Benefit Fund of Georgia to take action with respect to the above Membership Certificate, including the issuance of a substitute Membership Certificate when required.

In consideration of such action by the Peace Officers' Annuity and Benefit Fund of Georgia, the undersigned agrees:

1. That the original Membership Certificate is cancelled.
2. That the substitute Membership Certificate, if issued, shall be the sole evidence of the contract and need only contain current endorsements.
3. To indemnify the Peace Officers' Annuity and Benefit Fund of Georgia for any loss resulting from such action.
5. To notify the Fund promptly if the original membership Certificate is found.

This \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_.

\_\_\_\_\_  
Member or Named Beneficiary (strike one)

In Witness Whereof I have hereunto affixed  
my signature in the presence of:

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

# CERTIFICATION BY EMPLOYING AGENCY

For

## Department of Corrections

To

### *Peace Officers' Annuity and Benefit Fund of Georgia*

PO Box 56

Griffin, GA 30224

(770) 228-8461

NOTICE: Georgia law provides as follows:

*"Any person who knowingly furnishes false information for the purpose of becoming a member of the Fund, or for receiving credit for service to which he is not entitled, or for receiving benefits hereunder, or any person who knowingly assists in doing any of the foregoing thing, shall be guilty of a misdemeanor, and upon conviction thereof shall be punished as for a misdemeanor."*

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

1. Name of Employee: \_\_\_\_\_

2. Present or Last Known Address: \_\_\_\_\_  
Street City, State Zip

3. Date of Birth: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

4. What is/was employee's title? \_\_\_\_\_

5. Is/was this employee required to be certified under provisions of Peace Officer Standards and Training Act? \_\_\_\_\_

6. During employment does/did the employee hold a police powers card? \_\_\_\_\_ If yes, police powers #: \_\_\_\_\_  
What is the expiration date of the police powers card? \_\_\_\_\_

7. List all dates below that employee ***DID NOT*** hold a police powers card:

Dates	
To	From

8. How many hours per week did the employee devote to his primary position? \_\_\_\_\_

9. What is/was the beginning date of employment? \_\_\_\_\_  
(Month) (Day) (Year)

10. What is/was the ending date of employment? \_\_\_\_\_  
(Month) (Day) (Year)

11. Please list any period this employee was not employed during the time listed above. This includes any periods during which no salary was paid (i.e. Suspensions, Sick Time in excess of authorized sick leave, etc) and list Worker's Compensation separately below.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(Over – This form continued on reverse side)

12. List all dates and positions held during employment with Department of Corrections:

Dates		Title	Police Powers Card Required?
To	From		

13. Does/Did employee have custody of prisoners? \_\_\_\_\_

If so, is/was employee armed? \_\_\_\_\_

14. Is there a written job description covering the position of this employee? \_\_\_\_\_

If so, please provide with this form.

I hereby certify that the information given on this form is true and accurate as the same appears on the records of:

\_\_\_\_\_  
 (Employees Name)

Given under my hand and seal this \_\_\_\_\_ day of \_\_\_\_\_ 20 \_\_\_\_\_.

*This form must be completed by Central Personnel.*

\_\_\_\_\_  
 Witnessed by Notary

\_\_\_\_\_  
 Signature

\_\_\_\_\_  
 Title of Signer

\_\_\_\_\_  
 Signer's Telephone Number

**Note: This form is not valid until signed by a properly authorized individual for the Employing Agency and must be notarized by a different individual. The proper execution of the document is the applicants/members responsibility.**