

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

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 EMPLOYMENT VERIFICATION

to
Peace Officers' Annuity And Benefit Fund of Georgia

P.O. Box 56
Griffin, Georgia 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 things, shall be guilty of a misdemeanor, and upon conviction thereof, shall be punished as for a misdemeanor."

Date _____

1. Name of Employee (or Former Employee): _____

2. Present or Last Known Address: _____

Street

City

3. Date of Birth: _____ Social Security No. _____

4. Employing Agency and Department: _____

5. Employing Agency Telephone No. _____

6. What Is/Was Employee's Title? _____

(Policeman, Sheriff, Warden, Guard, Trooper, etc.)

7. Is this employee required to be certified under provisions of Peace Officer Standards and Training Act? _____

8. If this employee has/had duties other than general law enforcement, please explain what these duties are/were:

9. How many hours per week does/did the employee devote to this job? _____

10. What was the beginning date of this employment? _____

Month

Day

Year

11. What was the ending date of this employment? _____

Month

Day

Year

12. Employee's last/present monthly salary? _____

13. Please list any periods that this employee was not employed during this time including any periods during which no salary was paid, such as suspensions or sick time in excess of authorized sick leave.

14. If Employee was employed by this employer before this present employment period, please give dates and positions held.

(Over - This form continued on reverse side)

15. Is/was this employee required to post bond for this employment? _____

16. Does/did the employee have power and authority to make arrests? _____

Under what law is such authority given? _____

17. Does/did the employee serve civil processes and other official papers? _____

18. Does/did this employee have custody of prisoners? _____

If so, was/is he armed? _____

19. Is there a written job description covering the position of this employee? _____

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

Give under my hand and seal this _____ day of _____

*To be signed by a representative of Employing Agency
with access to Personnel Records.*

Signature _____

Title of Signer _____

Witnessed by Notary or J.P.