

PEACE OFFICERS' ANNUITY & BENEFIT FUND OF GA

P.O. BOX 56, GRIFFIN, GA 30224
P: 770-228-8461 • F: 770-412-1236
poabf@rfga.us

REFUND REQUEST PROCEDURES

Two items are required to process a refund

1. The Refund Request Form. This form must be completed entirely, signed and notarized.
2. Certification by Employing Agency form. This employment verification form must be completed entirely, signed by an individual with personnel record access (other than yourself) and notarized. If you are still employed with your agency, please write "still employed" in the blank provided for the ending date.

Refunds will be processed upon receipt of all required documents.

(Approximately 7 to 10 business days)

THINGS TO KEEP IN MIND REGARDING A REFUND

1. Once refunded, you are waiving all benefits you may have had in the Peace Officers' Annuity and Benefit Fund of Georgia for yourself and beneficiaries.
2. If you are taking a refund while employed as a peace officer, once refunded, you...
 - a. Forfeit any credit for service earned before the date the Fund issues the refund check.
 - b. Cannot be considered for membership in the Fund again for a period of at least six (6) months.
 - c. If you rejoin, you must have fifteen (15) years of active membership to be vested.
3. If you are taking a refund while NOT employed as a peace officer, once refunded, you...
 - a. May be eligible for active membership in the Fund upon re-employment in an eligible peace officer position (so long as you apply for membership within the first eight (8) months of re-employment) and are granted the option to repay the refund (plus interest) to obtain prior service credit (this time does count toward vesting).
 - b. If you return to active membership in the Fund, you must have fifteen (15) years of active membership to be vested.

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REFUND REQUEST

Member Name: _____ Member #: _____

Mailing Address: _____

Street

City, State and Zip Code

Preferred Phone #: _____ Alternate Phone #: _____

Email Address: _____

By my signature below, I request the return of my contributed dues (as provided in Georgia Code 47-17-83). I understand that I am waiving all benefits I may have had in the Peace Officers' Annuity and Benefit Fund of Georgia for myself and beneficiaries.

I understand that if I am taking this refund while employed in an eligible position for membership, I will forfeit any credit for service earned before the date the Fund issues the refund check. I also realize that I cannot be considered for membership in the Fund again for a period of at least six (6) months. I recognize that if I rejoin, I must have fifteen (15) years of active membership to be vested.

I understand that if I am taking this refund while NOT employed in an eligible position for membership, I may be eligible for active membership in this Fund upon re-employment in an eligible peace officer position. (Georgia Laws require individuals who have been granted a refund to submit their application to rejoin within the first eight (8) months of re-employment.)

Witnessed by: _____
Notary Public

My Commission Expires: _____

SIGNATURE OF MEMBER

For Office Use Only

<input type="checkbox"/> Now Employed as a Peace Officer	Refund Issue Date: _____
<input type="checkbox"/> Not Now Employed as a Peace Officer	

CERTIFICATION BY EMPLOYING AGENCY

EMPLOYMENT VERIFICATION FOR GENERAL LAW ENFORCEMENT

Please return to:

Peace Officers' Annuity & Benefit Fund of GA

P.O. Box 56, Griffin, GA 30224 • 770-228-8461 (Office) • 770-412-1236 (Fax)

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: _____ Member #: _____

1. Employee Name: _____

2. Date of Birth: _____ SSN: _____

3. Mailing Address: _____
STREET ADDRESS APARTMENT/ UNIT #

CITY ST ZIP

4. Employing Agency: _____ Job Title: _____

5. POST Certification Required? _____ Job Description Available? _____
YES/ NO YES/ NO

Power/ Authority to Arrest? _____ Custody of Prisoners? _____ If so, was/is the officer armed? _____
YES/ NO YES/ NO YES/ NO

6. Has this employee previously worked for this agency? If so, please provide the dates and positions held as well as if the position was full time or part time:

7. How many hours per week are devoted to this job? _____

8. Beginning date of most recent employment: _____
MONTH DAY YEAR

9. Ending date of most recent employment: _____
MONTH DAY YEAR

10. Please list any periods that this employee was on **LEAVE WITHOUT PAY** (suspension, FMLA, etc.) Please note if worker's compensation:

Note: This form is *not valid until signed by a properly authorized individual for the employing Agency*. Please note that *this form must be notarized by a different individual*. The proper execution of this document is *the Applicant's Responsibility*.

I hereby certify that the information given above is true and accurate as the same appears on the records of _____
APPLICANT/ MEMBER'S NAME

This _____ day of _____ Representative Name: _____

Signature: _____

Witnessed by: _____
Notary Public

Title of Signer: _____

My Commission Expires: _____

Phone Number: _____

Email Address: _____

Office Address: _____