Peace Officers' Annuity & Benefit Fund of Georgia

P.O. BOX 56, GRIFFIN, GA 30224
PHONE: 770-228-8461 | FAX: 770-412-1236
poabf@rfga.us | www.poab.georgia.gov

Retiree Employment Information

So that you may better understand your options as a POST certified law enforcement officer, please read this letter in its entirety. The laws governing this Fund allow a member to work 1040 or fewer hours in a calendar year and still draw retirement benefits. As you have not reached 30 years of service with the fund, there are restrictions on the number of hours you may work and draw your pension. Please read and be aware of the following Options (Options A and B are for those who are employed Full Time. If you are Part Time, please see the final option.):

OPTION A (For individuals who work in a FULL TIME/ POST Certified Position with his or her department):

- Choosing this option will require that you stop your pension and once again, begin paying your monthly membership dues, but will allow you to **acquire more creditable service** and retire again with a **greater monthly pension amount**. To retire with an increased pension amount, you will have to work a minimum of three years. If you do not work the minimum three years and are unable to increase your pension amount, we will refund all dues paid from the time you returned to work and retire you with the service credit you had accrued before returning to work.

OPTION B (For individuals who work in a FULL TIME/ POST Certified Position with his or her department):

- Choosing this option will allow you to draw your pension for half of the calendar year. Your pension will be stopped on July 1 of that calendar and will resume on January 1 of the following year. This will continue until you leave law enforcement.

---OR---

PART TIME OPTION (For individuals who work in a PART TIME/ POST Certified position with his or her department):

- As a Part Time POST Certified law enforcement officer, the laws governing the fund allow you to draw your pension until you have reached 1040 or more hours with your department. Once you have met 1040 or more hours, your pension will be stopped for the remainder of the calendar year and will resume on the first of January the following year. It is your responsibility to inform the fund when you reach the 1040-hour limitation. This will continue until you leave law enforcement or begin working full time.

If you have returned to a law enforcement position, please complete the enclosed Retiree Employment Form to indicate which option you choose and return it to our office for processing. **Our office also requires a completed Certification by Employing Agency form to update your account.** If you have any questions or concerns, please contact our office at 770-228-8461.

It is your responsibility to inform the fund of any changes.

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

Please complete this form in its entirety and return it to the address listed above. If you have questions regarding this form, please call our office at 770-228-8461.

Retiree Information

Full Name: _____ Date: _____

Address: _____
Street Address *Apartment/Unit #*

_____
City, State and Zip Code

Phone: _____ Email: _____

Member #: _____ Social Security No.: _____ Gross Pension Amount: _____

Employment Information

Employer: _____ Position Title: _____

Are you working full time? YES ☐ NO ☐ How many hours per week? _____

Will you reach 1040 or more hours per calendar year? YES ☐ NO ☐ POSSIBLY ☐ If yes, when (approximately)? _____

Pension Options

Please initial the option you would like to choose. If you are employed Part Time, please see the final option.

OPTION A (For individuals who work in a FULL TIME/ POST Certified Position with his or her department):
_____ I wish to stop my retirement check, accrue more service credit, and retire again later. I realize that I must pay dues and work for a minimum of three years to change my service credit. I also realize that if that minimum service of three years is not met, I will be entitled to a refund of dues paid and will be able to retire once again with my previous pension amount.

OPTION B (For individuals who work in a FULL TIME/ POST Certified Position with his or her department):
_____ I wish to draw my retirement check for six months of the calendar year and stop my retirement pay for six months of the calendar. I will continue under this option until I leave law enforcement.

--- OR ---

PART TIME OPTION (For individuals who work in a PART TIME/ POST Certified position with his or her department):
_____ I wish to draw my retirement pay until I have reached 1040 hours or more. At such time, I understand that my retirement pay will be suspended until the following calendar year. I will continue under this option until I once again leave law enforcement. I understand that I must contact the Fund's office once I have worked 1040 hours per calendar year.

Disclaimer and Signature

I certify that my answers are true and complete to the best of my knowledge. I understand that false or misleading information in this form may result in my repaying my pension.

Signature: _____ Date: _____

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? _____ (YES/ NO) Job Description Available? _____ (YES/ NO)

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

Witnessed by: _____
Notary Public

My Commision Expires: _____

Representative Name: _____

Signature: _____

Title of Signer: _____

Phone Number: _____

Email Address: _____

Office Address: _____

_____