PEACE OFFICERS' ANNUITY & BENEFIT FUND OF GEORGIA
1210 Greenbelt Drive, Griffin, GA 30224
phone: 770-228-8461 | fax: 770-412-1236
www.poab.georgia.gov | email: poabf@rfga.us

INFORMATION REGARDING APPLICATION OF MEMBERSHIP

*** Effective July 1, 2010: Vesting requirements change from 10 years to 15 years. ***

REQUIREMENTS FOR MEMBERSHIP IN THE FUND

1. Full-time P.O.S.T. Certified Peace Officer employed at a Georgia P.O.S.T. recognized agency.
2. Dues paid monthly and on time (currently $35.00/ month). *Please be aware that the dues amount requirement may change during your course of membership*.

INSTRUCTIONS:

Complete and return the following items. If paying by check or money order, you must mail your items. If paying by Bank Draft you may mail, email, or fax your items. Contact information listed in header.

1. Complete the **APPLICATION FOR MEMBERSHIP**: This document must be completed, signed and notarized.
2. Complete the **CERTIFICATION BY EMPLOYING AGENCY FORM**: This form must be verified by an individual from your agency with personnel record access (other than yourself) and must also be notarized.
3. Submit the **$35.00 - FIRST MONTH'S DUES** using these methods:
    a. **CHECK OR MONEY ORDER:** Make out to POAB Fund for $35.00
    ---OR—
    b. **AUTOMATIC BANK DRAFT**: Complete the Automatic Withdrawal Authorization Form. Your listed account will be charged for the required amount for membership each month.

The Fund will send your letter of acceptance or denial to the contact information listed on the application.

THINGS TO KNOW ABOUT MEMBERSHIP IN THE POAB FUND

1. Beneficiary designation may be changed by submitting a Change of Beneficiary of Death Benefits Form.
2. You must be a dues-paying, fully employed Peace Officer member of the Fund for 15 years to be considered vested.
3. You may purchase up to 5 years of prior creditable service at full actuarial cost. This purchase ***will*** count as creditable service toward your vesting requirement of 15 years. Contact the Fund to request calculation of the cost to purchase prior service.
4. Military service after membership in the Fund is creditable toward retirement upon your direct return to a full-time, POST certified required, Peace Officer position within six months of leaving the military position. Military service is voided if you begin a position outside of law enforcement after military service. Military service does not require dues payment and is creditable for service up to 5 years.

UPON ACCEPTANCE, YOU MUST NOTIFY THE FUND OFFICE OF THE FOLLOWING CHANGES:

1. Agency/ Department Transfer
2. Termination of Employment
3. Military Status
4. Beneficiary of Death Benefits Change
5. Contact Information Change
    a. Mailing Address
    b. Email Address
    c. Phone Number

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APPLICATION FOR MEMBERSHIP

Membership application will not be considered unless accompanied by the following:

1. Signed and Notarized Certification by Employing Agency Form
2. $35.00 for the first month's dues payment. *(Either a completed Automatic Withdrawal Authorization Form—OR—A check or money order)*

FOR OFFICE USE ONLY

Payment:	Check	Money Order	Cash
Check/ Money Order #:		Paid Through:	
Payment Amount:		Join Date:	
OPG #:		PG NPG ACH	
Member #:			

APPLICANT INFORMATION

Name: _____

Date of Birth: _____ SSN: _____

Preferred Phone #: _____ Alternate Phone #: _____

Email Address: _____

Mailing Address: _____

Have you been a member of this Fund before? _____ If yes, what is your member #: _____
Yes or No

EMPLOYMENT INFORMATION

Current Employing Agency: _____ Job Title: _____

Does your position require P.O.S.T. Certification? _____ P.O.S.T. Certification #: _____
Yes or No

Do you have the legal power and authority to make arrests? _____
Yes or No

BENEFICIARY DESIGNATION OF DEATH BENEFITS

NOTICE: THE BENEFICIARY OF DEATH BENEFITS IS SEPARATE FROM THE RETIREMENT BENEFIT AND IS MADE PAYABLE TO WHOMEVER YOU CHOOSE.

Beneficiary: _____ Relationship: _____

Email Address: _____ Phone #: _____

Mailing Address: _____

***OATH**: I, the undersigned applicant, hereby certify that all information furnished on this application for membership in the Peace Officers' Annuity and Benefit Fund of Georgia is true and correct and that I am employed as a Peace Officer as defined for purposes of membership in this Fund by the State of Georgia, or one of the political subdivisions thereof, as listed above. I further certify that in the event there is any change in my employment, job description, job title, duties or mailing address, I shall immediately notify the Fund of each of said changes during the time I maintain membership in the Fund. I understand that failure to notify the Fund of any of the abovementioned changes may endanger my membership in the Fund.*

AUTHORIZATION TO RELEASE INFORMATION: By signature below, the applicant does hereby authorize any present, prior, or future employer to release to the PEACE OFFICERS' ANNUITY AND BENEFIT FUND OF GEORGIA such information concerning my employment with said employers as the FUND may require for processing my application for Membership or Benefits. This includes date of employment (for determining service credit) and work description (for determining eligibility for membership).

_____
APPLICANT'S NAME (PLEASE PRINT)

_____
APPLICANT'S SIGNATURE

_____
DATE

Witnessed by: _____
Notary Public

My Commission Expires: _____

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CERTIFICATION BY EMPLOYING AGENCY FORM

Please return by mail, email, or fax to above contact.

EMPLOYMENT VERIFICATION

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: _____
4. Email Address: _____
5. Employing Agency: _____ Job Title: _____
6. 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)
7. 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:

   _____

   _____
8. How many hours per week are devoted to this job? _____
9. Beginning date of most recent employment: _____
10. Ending date of most recent employment: _____
11. Please list any periods that this employee was on **LEAVE WITHOUT PAY** (suspension, FMLA, etc.) Please note if workers' compensation: _____

AGENCY CERTIFICATION:

*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 the employee listed: _____
APPLICANT/ MEMBER'S NAME

Witnessed on:

This _____ day of _____

Witnessed by: _____

My commission expires: _____

Agency Representative Name: _____

Representative Signature: _____

Title of Signer: _____

Phone Number: _____

Email Address: _____

Office Address: _____

_____