



PEACE OFFICERS' ANNUITY & BENEFIT FUND OF GEORGIA

1208 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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FOR OFFICE USE ONLY

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

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)

APPLICANT INFORMATION

Name: _____

Date of Birth: _____ SSN: _____

Preferred Phone #: _____ Alternate Phone #: _____

Email Address: _____

Mailing Address: _____

Street/ Rural Route/ P.O. Box

City, State and Zip Code

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

EMPLOYMENT INFORMATION

Current Employing Agency: Georgia Department of Corrections 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: _____

Street/ Rural Route/ P.O. Box

City, State and Zip Code

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 said retirement 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).

Witnessed by: _____
Notary Public

My Commission Expires: _____

APPLICANT'S NAME (PLEASE PRINT)

APPLICANT'S SIGNATURE

DATE

CERTIFICATION BY EMPLOYING AGENCY : EMPLOYMENT VERIFICATION

FOR DEPARTMENT OF CORRECTIONS

Please return to:

Peace Officers' Annuity & Benefit Fund of GA

1208 Greenbelt Drive, 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

CITY, STATE, ZIP CODE

4. Job Title: _____ Job Description Available? _____

YES/ NO

5. On LE Salary Plan (LAW)? _____ On SRE Salary Plan? _____

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 all positions held during employment and the dates corresponding with the positions below:

(If more space required, please use the back of the form)

POSITION	FROM	TO	POST CERTIFICATION REQUIRED?

11. 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: _____

Witnessed by: _____ Signature: _____

Notary Public

Title of Signer: _____

Phone Number: _____

Email Address: _____