PEACE OFFICER'S ANNUITY AND BENEFIT FUND

PO Box 56
Griffin, GA 30224

APPLICATION INSTRUCTIONS FOR MEMBERSHIP

******EFFECTIVE JULY 1, 2010******
VESTING REQUIREMENTS CHANGE FROM 10 YEARS TO 15 YEARS

****EFFECTIVE JULY 1, 2002****
DUES ARE $20 AND A NON-REFUNDABLE $25 APPLICATION FEE MUST ACCOMPANY ALL APPLICATIONS

1. Complete both sides of the Application for Membership (include your P.O.S.T. certificate number). If a P.O.S.T. certification number is pending, send a copy of your Graduation Certificate from the Academy and inform us when you get your P.O.S.T. number. Your signature is required twice on the back of this form.

2. Have the Certification by Employing Agency, form #201, completed by your Personnel Department with your employer.

3. Send both forms, **fully completed and notarized**, with your personal check, money order or cashiers check for ***$45.00*** representing the first month's dues and the application fee. **Please include your social security number on your method of payment.** Upon your acceptance in the Fund further information will be mailed to you regarding methods of future dues payments.

4. We must have a copy of your birth certificate before you can file for retirement.

5. Naming your beneficiary: You may name anyone you choose as your beneficiary for the death benefit on line #10 of the Application for Membership form. Please give his/her full name and show the relationship of the beneficiary to you. You may change your beneficiary at any time by securing the proper forms and returning your original Membership Certificate which is issued to you upon acceptance of membership in the Fund.

6. You must be a dues paying member for 15 years to be considered vested in the Fund.

7. Claiming Prior Service: After you have completed five years of membership service in this Fund, you are eligible to purchase prior creditable Peace Officer service. The purchase of prior service does not count towards the required vesting membership service of 15 years. The purchase of prior service increases the creditable service for calculation of retirement benefits.
   Example: 15 years required dues payment + 5 years "buy-back" = 20 years creditable service
   ***Contact the Fund at (770) 228-8461 to obtain calculation of the cost of prior service.

8. YOU MUST NOTIFY THIS OFFICE OF:
   a. Change of Address
   b. Change of Beneficiary
   c. Change of Agency
   d. Request for Leave of Absence
   e. Termination of Employment

PLEASE CONTACT OUR OFFICE IF YOU HAVE ANY QUESTIONS AT (770) 228-8461

Updated July 1, 2010

APPLICATION FOR MEMBERSHIP

PEACE OFFICER'S ANNUITY & BENEFIT FUND

OF GEORGIA
P.O. Box 56
Griffin, Georgia 30224
(770) 228-8461

For Official Use Only

Payment: Check #: ____ MO ____ Cash ____

Amount of Payment: _____

Date of Enrollment: _____

Paid Through: _____

OPG #_____ PG NPG ACH

Member #:

1. Full Name _____ _____
(First) (Middle) (Last) (Social Security Number)

2. Home Address _____ _____
(Street) (Home Phone)

3 _____ Date of Birth _____
(City) (State) (Zip)

4. Presently Employed By _____ _____
(Name of State Dept., County or Municipality) (Business Phone)

5. Date your present employment began _____ Job Title _____

6. By whom are you paid? _____

7. How many hours per week do you normally work? _____

8 Have you ever been a member of this Fund before? _____

9. Have you ever applied for membership before and not been accepted? _____

10. Name Beneficiary in case of death_____

Relationship _____Address _____

_____

11. Do you have legal power and authority to make arrests? _____

Does your position require P.O.S.T. Certification? _____Certification No _____

12. Are you required to devote your full working time to the duties of an arresting officer? _____

13. Do you serve civil processes and/or other official papers? _____

14. What is your primary duty? _____
(General Law Enforcement, Guarding Prisoners, Jailor, Probation Officer, etc.)

15. Are you required by your employer to guard prisoners during all your working hours? _____

16. If you have other duties in addition to guarding prisoners, list these: _____

_____

17. Have you ever received a refund of dues paid to the Fund? _____

If so, were you still employed as a peace officer at the time? _____

—Other Side of this Form Must Also Be Completed by All Applicants—

List below all Peace Officer Employment positions held prior to the date of this application.

Employed by:	Dates		Job Title
	From	To	

This application for membership will not be considered unless accompanied by the following:
(a) Certification of employment executed by Employing Agency. (Form #201).
(b) Check or Money Order for First Month's Dues ($20.00).
(c) Application Fee ($25.00) - $45.00 Total.

I, the undersigned applicant, hereby certify that I have read all of the foregoing application for membership in the Peace Officers' Annuity and Benefit Fund of Georgia 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 hereinabove named. I further certify that in the event there is any change in my employment, job description, employee or change in my job title, duties, or address, I shall immediately notify the Secretary/Treasurer of the Fund of each of the aforementioned changes during the time I maintain my membership in said retirement fund. (NOTE: Failure to notify the Secretary/Treasurer of this Fund of any of the above mentioned changes may endanger your membership in this Fund.)

Date_____ _____
Applicant's Signature

Email address: _____

AUTHORIZATION TO RELEASE INFORMATION

By signature below _____
(Please print full name)

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 PEACE OFFICERS' FUND may require to process my application for Membership or Benefits. This includes dates of employment (for determining service credit) and work description (for determining eligibility for membership).

_____ _____
Signature Date

Witnesses this _____day of _____, 20____

_____.
Notary Public

CERTIFICATION BY EMPLOYING AGENCY

For

Department of Corrections

To

Peace Officers' Annuity and Benefit Fund of Georgia

PO Box 56

Griffin, GA 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 thing, shall be guilty of a misdemeanor, and upon conviction thereof shall be punished as for a misdemeanor."

Date: _____

1. Name of Employee: _____
2. Present or Last Known Address: _____
   Street City, State Zip
3. Date of Birth: _____ Social Security Number: _____
4. What is/was employee's title? _____
5. Is/was this employee required to be certified under provisions of Peace Officer Standards and Training Act? _____
6. During employment does/did the employee hold a police powers card? _____ If yes, police powers #: _____
   What is the expiration date of the police powers card? _____
7. List all dates below that employee ***DID NOT*** hold a police powers card:

Dates	
To	From

8. How many hours per week did the employee devote to his primary position? _____
9. What is/was the beginning date of employment? _____
   (Month) (Day) (Year)
10. What is/was the ending date of employment? _____
    (Month) (Day) (Year)
11. Please list any period this employee was not employed during the time listed above. This includes any periods during which no salary was paid (i.e. Suspensions, Sick Time in excess of authorized sick leave, etc) and list Worker's Compensation separately below.

    _____

    _____

    _____

(Over – This form continued on reverse side)

12. List all dates and positions held during employment with Department of Corrections:

Dates		Title	Police Powers Card Required?
To	From		

13. Does/Did employee have custody of prisoners? _____

If so, is/was employee armed? _____

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

If so, please provide with this form.

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

_____

(Employees Name)

Given under my hand and seal this _____ day of _____ 20 _____.

This form must be completed by Central Personnel.

_____
Witnessed by Notary

_____
Signature

_____
Title of Signer

_____
Signer's Telephone Number

Note: This form is not valid until signed by a properly authorized individual for the Employing Agency and must be notarized by a different individual. The proper execution of the document is the applicants/members responsibility.