

ST. LUCIE COUNTY FIRE DISTRICT FIREFIGHTERS' RETIREMENT FUND

REQUEST FOR SERVICE CREDIT COST FOR PRIOR FIREFIGHTER SERVICE

DOCUMENTATION OF SERVICE (To be completed by the Plan Member)

Have you requested this cost information before? Yes No

If yes, list date request was submitted: _____

Have you submitted a retirement application? Yes No

Have you purchased credited service for this prior service in any other plan? Yes No

MEMBER INFORMATION

Name Social Security Number

Former Name (if applicable) Phone Number

Mailing Address City State Zip

PRIOR FIREFIGHTER SERVICE DATES (Attach Verification of Service)

Employer Employment Date (month/day/year) Termination Date (month/day/year)

Employer Employment Date (month/day/year) Termination Date (month/day/year)

I hereby certify that the above information is true and correct.

Date

Signature