

ST. LUCIE COUNTY FIRE DISTRICT
FIREFIGHTER'S RETIREMENT FUND

APPLICATION FOR SERVICE RETIREMENT BENEFITS

Name of Employee: _____ SS# _____

Date of Employment: _____ Date of Birth: _____

Present Address: _____

Contact Number(s): _____

Type of benefit for which you are applying (select each that apply):

Normal _____ Early _____ Disability _____ Last day of work is expected to be: _____

DROP _____ My DROP date is expected to be: _____

If Joint and Survivor option is to be calculated, name of joint annuitant:

Relationship: _____

Social Security Number: _____

* Date of Birth: _____

Address: _____

* *Please attach birth certificate or driver's license for proof of age*

I hereby request that my retirement benefit calculations be based on the information provided above. I understand that I may make my final retirement option selection upon receipt of the calculation detailing the various benefit options as provided by the Plan Actuary. **Should I desire the final calculations, I agree to obtain the Memo of Intent from Human Resources and complete the sign-off process thereby making my decision irrevocable.**

Date

Signature

Submit this form to the Human Resources Office for forwarding to the Plan Administrator.