

RETIREMENT INFORMATION REQUEST

City of Jacksonville Retirement System, 117 West Duval Street, Suite 330, Jacksonville, FL 32202
(904) 255-7280 FAX (904) 588-0524

PLEASE TYPE OR PRINT

NAME: _____

LAST 4 OF SSN: _____

MAIDEN OR OTHER NAME PREVIOUSLY USED:

EMPLOYEE ID #: _____

DATE OF BIRTH: _____

BEST CONTACT NUMBER: _____

INDICATE: HOME/CELL/WORK

MARITAL STATUS (S or M): ___ SPOUSE DOB: _____

SPOUSE NAME: _____

ADDRESS-CITY-STATE-ZIP:

DEPARTMENT OR AGENCY NAME: _____

PENSION MEMBERSHIP (Check one)

E-MAIL (NOT REQUIRED): _____

General Employees Pension Plan: _____

Please note, not all information can be provided by e-mail

Corrections Officers Pension Plan: _____

SIGNATURE:

DATE:

INFORMATION REQUESTED (PLEASE NOTE): For most requests, we must obtain documentation from other areas or agencies. We will process your request as soon as possible, typically within 2 weeks.

Check the type of information requested:

_____ Compute an **ESTIMATE** of benefits if I retire on _____ (date not to exceed 12 months in the future for accuracy). (Month/Day/Year—Use day after last day worked)

PLOP ___ (5%) ___ (10%) ___ (15%) GEPP ONLY BACKDROP (#YRS/MOS) _____ GEPP ONLY

_____ Compute an **ESTIMATE** of DB to DC transfer as of _____. GEPP ONLY, must be actively employed

_____ Compute amount due for purchase of **TIME SERVICE CONNECTION** (calculated X 10% of earnings). The service time eligible to purchase is only for full time work for the City of Jacksonville and covered agencies, or to purchase up to 6 months of approved Leaves of Absence or Workers Compensation.

Per Chapter 120.204(j), all purchase of service in excess of 10 years, shall be made at the full actuarial cost of the service as determined by the Actuary for the system. (GEPP)

LIST ALL FULL TIME EMPLOYMENT / LOA / WORKERS COMPENSATION PERIODS FOR WHICH YOU ARE APPLYING: (IMPORTANT): Be sure to indicate any Leaves of Absence without pay and all time lost due to Worker's Compensation injury or illness. Failure to do so, may cause a future adjustment to your pension membership beyond any purchase of service

EMPLOYER	DATES OF EMPLOYMENT BEGIN	(month, day, year) END
_____	_____	_____
_____	_____	_____

OUTSIDE AGENCY TIME

Ordinance 2001-700 provides the ability to purchase outside agency time. Outside agency time may be purchased at the full actuarial equivalent cost. **Outside agencies include:** Duval County prior to consolidation; any agency of the judicial branch of government in Duval County under the Florida Retirement System; the State Attorney in Duval County; the Public Defender in Duval County; the Jacksonville Transportation Authority; the Duval County School Board; the former Duval County Hospital Authority (prior to 1/1/1982); the employees or officers of any Duval County constitutional officer who served under the Florida Retirement System including Clerk of Court; the Agriculture Department employees who participated in the Florida Retirement System; the Jacksonville Port Authority; the Jacksonville Aviation Authority; and the Medical Examiners Office.

In order to process your request, you must provide proof of employment from the outside agency on their letterhead, listing dates of employment and verification that all time requested was full-time service. It is mandatory that you have requested and received a refund of any and all contributions due to you, to fill the divestiture requirement and certifying that you are not eligible to receive a pension benefit or any entitlement to benefits under any other pension system for the time requested.

Outside Agency	Employment Begin Date	Employment End Date

MILITARY TIME YOU MUST BE VESTED (5YRS) IN ORDER TO PURCHASE

Compute purchase of **MILITARY TIME** (calculated X 20% of base rate of pay). You must attach a copy of the most recent DD2-14 to the application.

LOST PERIODS FOR WHICH YOU ARE APPLYING:

MILITARY BRANCH	DATE OF SERVICE (month, day, year)	
	BEGIN	END