

Florida Retirement System
Application for Special Risk Class Membership
Firefighters/Paramedics/EMTs



P.O. Box 9000
Tallahassee, FL 32315-9000
(850) 907-6500
Toll Free 844-377-1888

Member Name: _____ Member SSN: _____

Member Birthdate: ____/____/____ Position Title: _____ Date Employed in Position: ____/____/____

Agency: _____ County/Agency Number: _____ Class Code Reported on Payroll _____

I hereby make application for Special Risk Class Membership as a member of the Florida Retirement System meeting the criteria for Special Risk Class as indicated below:

- A. I am a Firefighter certified, or required to be certified, by the Bureau of Fire and Training; and
 - () My duties and responsibilities in this position include on-the-scene fighting of fires, fire prevention or firefighter training; or
 - () I am the direct supervisor of Special Risk members whose duties include on-the-scene fighting of fires, fire prevention or firefighter training; or
 - () I am the Supervisor or Command Officer of Special Risk member(s) whose duties include on-the-scene fighting of fires, fire prevention or firefighter training, or the direct supervisor of members who have such responsibilities.
- B. I am a Paramedic or Emergency Medical Technician (EMT) certified by Bureau of Emergency Medical Services, **and** employed by a licensed Advanced Life Support (ALS) or Basic Life Support (BLS) employer; and
 - () My primary duties and responsibilities include on-the-scene emergency medical care.
 - () I am the direct supervisor of Emergency Medical Technicians (EMTs) or paramedics; or
 - () I am the Supervisor or Command Officer of Special Risk member(s) whose duties include on-the-scene emergency medical care or the direct supervisor of Emergency Medical Technicians (EMTs) or paramedics.

Member Signature: _____ Date Signed: _____

TO BE COMPLETED BY EMPLOYER

I hereby certify that the position of _____ meets the criteria for Special Risk Class membership in accordance with Section 121.0515, F. S., and Florida Retirement System Rules, and he/she is certified, or required to be certified, in compliance with Section 633.408 or certified in compliance with Section 401.27, Florida Statutes. Attached is a current job description showing all of his/her duties and the percentage of time spent performing each of these duties.

I certify that _____ is a licensed Advanced Life Support (ALS) or Basic Life Support (BLS) employer.
Employing Agency

ALS/BLS License Number

Employer Signature: _____ Title: _____ Date: _____

TO BE COMPLETED BY THE DIVISION OF RETIREMENT

Certification of the above officer or employee as a Special Risk Member is hereby:

Approved/Disapproved: _____

Authorized Signature: _____ Effective Date of Special Risk: _____