

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



PO 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 633.35 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.

**Employee Name**

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: \_\_\_\_\_