FRS-404
Rev. 11/02
Enrollment

Florida Retirement System
Application for Special Risk Administrative Support Class

P.O. Box 9000
Tallahassee, FL 32315-9000
(850) 488-8837
Toll Free 1-877-377-3675

Member Name: _____ Member SSN: _____

Position Title: _____ Employing Agency:_____

I hereby make application for membership in the Special Risk Administrative Support Class. I certify that I meet the following criteria:

( ) I am currently filling a law enforcement, firefighting, correctional or emergency medical care administrative support position.

( ) I have been a Special Risk Class member in the Florida Retirement System.

( ) I am currently certified by the appropriate council and expect to remain certified subject to reassignment at any time to a position qualifying for special risk membership.

( ) I understand that I must complete an aggregate of six or more years of service as a designated special risk member in order to count service in this administrative support position toward special risk normal retirement date and shall earn credit for such administrative support service at the same percentage rate as that earned by a regular member.

Member Signature: _____ Date Signed: _____

To Be Completed by the Employer

Current Service **July 1, 1982 to the Present**

This is to certify that _____ was employed or reassigned to the above position for ( ) training and/or career development opportunities, or ( ) to fulfill critical agency need, and is subject to reassignment at any time to a position for special risk membership.

Date employed in this position: _____/_____/_____ Position Title: _____

Employer Signature: _____Date: _____/_____/_____ Agency Number: _____

Retroactive Service **October 1, 1978 through June 30, 1982**

Section 121.0515(7)(b), Florida Statutes, provides that an employee who filled a special risk administrative support position in a law enforcement, firefighting or correctional agency and who met the other prerequisites for membership in the Special Risk Administrative Support Class, may, upon application and approval, be granted credit in the Special Risk Administrative Support Class for periods of such employment retroactive to October 1, 1978.

This is to certify that _____ was employed by_____
Member's name Employing Agency

in the capacity of _____ from _____ to _____. I hereby certify that the above
Official position title(s)

titles and dates are correct and request retroactive service in the Special Risk Administrative Support Class.

Employer Signature: _____Date: _____/_____/_____ Agency Number: _____

Completed by the Division of Retirement

Certification of the above named employee as a member in the Special Risk Administrative Support Class is hereby:

Current Service: _____ Effective Date: _____/_____/_____
(Approved or Disapproved)

Retroactive Service: _____ Effective Date: _____/_____/_____
(Approved or Disapproved)

Authorized Signature: _____

Rule 60S-1.0054,F.A.C.