

LOCAL POLICE AND FIRE RETIREMENT SYSTEM (LOPFI) MISCELLANEOUS REQUEST

I, _____ Social Security # _____
(Print Full Name as Shown on Social Security Card) (Last 4 Digits Only)

Request LOPFI to provide the following calculation:

Service that is or will be eligible for benefit payment from another plan shall not be eligible for purchase under LOPFI.

Member Completes

Other Service Credit Purchase (Please have the Employer properly complete page 2 of this form.)

Any active LOPFI Member who has at least five (5) years of actual LOPFI service or ten (10) years of actual LOPFI service if hired on/after July 1, 2013, may purchase up to fifteen (15) years of public safety or law enforcement officer service that was served in an agency not covered by LOPFI. (Volunteer service cannot be purchased.)

Cadet Service Credit Purchase (Please have the Employer properly complete page 2 of this form.)

Any active LOPFI Member who has at least five (5) years of actual LOPFI service or ten (10) years of actual LOPFI service if hired on/after July 1, 2013, may purchase Cadet Service that was rendered at a municipality that also has a local fire or police pension fund. (Volunteer service cannot be purchased.)

Former Military Personnel Service Credit Purchase

Any active LOPFI Member who has at least five (5) years of actual LOPFI service or ten (10) years of actual LOPFI service if hired on/after July 1, 2013, may purchase up to five (5) years of credited service for active duty military service that was rendered before the Member's employment was covered by the system. (Must include legible copy of DD214 that reflects honorable discharge.)

Purchased service cannot be used for DROP eligibility. Also, Members may rollover funds from another qualified plan to pay the cost of a service credit purchase.

Mailing Address:

_____ (Member's Telephone Number)

_____ (Date)

_____ (Signature of Member)

By providing signature, Member certifies that all information on this form is true and correct.

Send completed original to:

LOPFI
620 W. 3rd Street, Suite 200
Little Rock, AR 72201-2223

Employer Completes

1. Name of Police or Fire Department where time was served: _____

2. Was the position classified as volunteer or paid? _____

3. Time period that he/she worked at this department: _____ to _____
(Month/Day/Year) (Month/Day/Year)

4. What was the title of his/her position? _____

5. Describe his/her job duties? _____

6. Did he/she meet the definition of a police officer or firefighter as described in LOPFI Board Rule 15
(which is attached)? Yes No

7. Is the Member currently receiving retirement benefits from your department for any of the above service? Yes No

If no, is/will the Member be entitled to a future retirement benefit from your department for any of the above service? Yes No

(Signature of Department Representative and Title) (Date)

By providing signature, Department Representative certifies that all information on this form is true and correct.

Department Telephone Number: _____

Department Address: _____

Subscribed and sworn to me this _____ day of _____ 20____,

City of _____ County of _____ State of _____.

My commission expires _____.

(Notary Public)

SEAL