

Florida Retirement System Pension Plan
Verification for In-State or Out-of-State Service Credit



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Section A.

To be completed by Florida Retirement System (FRS) member's beneficiary and submitted to In-State or Out-of-State Retirement or Pension System.

Member Name:	_____	Member SSN	_____
Member Birthdate:	_____	Member Maiden or other names used:	_____
Beneficiary Name:	_____		_____
Beneficiary Address:	_____		_____
	_____		_____
	_____		_____
	_____		_____

Florida law provides that I may claim retirement credit for service that was earned in another public pension system, provided the member was not eligible to receive a benefit in that public pension system. The member was employed by the following employer(s) on the date(s) indicated:

(List periods of employment by fiscal years: July 1 through June 30).

**Federal, Out-of-State or Political Subdivision, or
In-State public employer**

**Dates
(Fiscal Year(s))**

_____	From: _____	To: _____
_____	From: _____	To: _____
_____	From: _____	To: _____
_____	From: _____	To: _____
_____	From: _____	To: _____
_____	From: _____	To: _____
_____	From: _____	To: _____
_____	From: _____	To: _____

Note: If applying to claim military service, complete Section A, attach a copy of your military discharge (Form DD-214); and mail to the Division of Retirement at the above address.

(See Section B on page 2)

Section B: To be completed by Public Retirement or Pension System.

Please certify the dates of retirement-covered employment by fiscal year: July 1 through June 30. Florida law does not allow credit for in-state or out-of-state service in both the FRS and another public pension system. Please answer the following questions and return this form so we may determine whether the member's beneficiary is eligible for in-state or out-of-state credit.

Dates of Service (MM/YY/YY) per fiscal year July 1 - June 30 Month/Day/Year (MM/DD/YY)		Number of Months Worked	Required Work Year (9, 10, 11, or 12 Months) If other, please explain.
From	To		

1. Is your pension plan a defined benefit plan? _____ Yes _____ No

2. Is your pension plan a defined contribution plan? _____ Yes _____ No

a. If your plan is a defined contribution plan, were employer contributions made on the individual's behalf? _____ Yes _____ No

b. If yes, what is the status of those contributions? _____

3. If the member had survived, was he or she eligible to receive a benefit from your system, now or in the future, based on service rendered under your pension plan? _____ Yes _____ No

4. Does the member have credit in your system for service rendered under another public pension plan?

If yes, please list the system(s) and year(s) below:

System: _____ From: _____ To: _____

System: _____ From: _____ To: _____

5. Has the member closed his or her retirement account? _____ Yes _____ No

a. If yes, when were the member's contributions withdrawn (MM/DD/YY)? _____

b. If no, please explain account status. _____

I certify that the above information was taken from the official records of _____
 _____ (Name of System)
 _____ which is a qualified public retirement or pension plan.

Signature: _____ Phone: _____

Print Name: _____ Title: _____

Mailing Address: _____ Date: _____