

Florida Retirement System
Application for Special Risk Membership
Law Enforcement/Correctional Officers



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

Member Name: _____ Member SSN: _____

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

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

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

- A. I am a Law Enforcement Officer certified, or required to be certified, by Criminal Justice Standards and Training Commission; and
 - () My duties and responsibilities in this position include the pursuit, apprehension and arrest of law violators or suspected law violators; or
 - () I am an active member of a bomb disposal unit whose primary responsibility is the location, handling and disposal of explosive devices; or
 - () I am the Supervisor or Command Officer of special risk members whose duties include the pursuit, apprehension and arrest of law violators or suspected law violators; or
 - () I am the Supervisor or Command Officer of special risk members of a bomb disposal unit; or
 - () I am a County Sheriff or Elected Police Chief.

- B. I am a Correctional Officer certified, or required to be certified, by Criminal Justice Standards and Training Commission; and
 - () My primary duties and responsibilities in this position are the custody and physical restraint, when necessary, of prisoners or inmates within a prison, jail or other criminal detention facility, or while on work detail outside the facility, or while being transported; or
 - () I am the Supervisor or Command Officer of special risk members whose primary duties and responsibilities are the custody and physical restraint of prisoners and inmates within a prison, jail or other criminal detention facility.
 - () I am the Superintendent or Assistant Superintendent of a Correctional or Detention Facility.

Member Signature: _____ Date Signed: _____

TO BE COMPLETED BY EMPLOYER

I hereby certify that the position of _____ meets the criteria for special risk 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 943.1395, 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.

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: _____