

Florida Retirement System
Application For Special Risk Equivalent Credit



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Section 121.0515(7), Florida Statutes, allows former SCOERS members who earned Regular Class credit for service in a position which satisfies the present criteria for FRS Special Risk Class membership (except the requirement for a certificate or waiver of certificate), and who have participated in the Special Risk Class of the FRS, to apply for such service toward the attainment of normal retirement date for Special Risk Class members. If such service is granted, there will be no additional cost to the member or the employer.

I hereby make application to claim my prior service under Chapter 122 and I certify that I meet the criteria as indicated below:

Member Name _____ Member SSN _____
Member Birthdate _____ Employing Agency _____
Position Title(s) _____ Date(s) _____

- () 1. I was a Law Enforcement Officer and my duties and responsibilities in this position included the pursuit, apprehension, and arrest of law violators or suspected law violators; or
- () 2. I was the Supervisor or Command Officer of employees who were required to pursue, apprehend and arrest law violators; or
- () 3. I was a County Sheriff or Elected Police Chief.
- () 4. I was a Correctional Officer and my primary duties and responsibilities in this position were the custody and physical restraint, when necessary, of prisoners or inmates within a prison or other criminal detention facility or while being transported, or while on work detail outside the facility; or
- () 5. I was the Superintendent or Assistant Superintendent of a Correctional or Detention Facility.
- () 6. I was a Firefighter and my duties and responsibilities in this position included on-the-scene fighting of fires or the direct supervision of firefighting units; or
- () 7. I was the Supervisor or Command Officer of employees who were required to fight fires.
- () 8. I was a Emergency Medical Technician (EMT) or Paramedic employed by a Licensed Advanced Life Support (ALS) or Basic Life Support (BLS) employer, and my primary duties and responsibilities in this position included on-the-scene emergency medical care.

Member Signature: _____ Date: _____

Applicant must sign in the presence of notary public

State of Florida, County of _____
Sworn to and subscribed before me this _____ day of _____, _____, by _____.

Signature of Notary Public – State of Florida Print, Type, or Stamp Commissioned Name of Notary Public

Personally Known _____ Or Produced _____ as identification.

To Be Completed by Employer

I hereby certify that the above named employee was employed as the position title states during the stated period of time and his/her duties () did meet () did not meet the criteria for Special Risk Class pursuant to Section 121.0515, Florida Statutes.

Please attach job description or personnel records, if available.

Employer Signature: _____ Title: _____ Date: _____

Employing Agency/Department: _____ Phone: _____

To Be Completed by Division of Retirement

Special Risk Class Equivalent Credit for the above employee is hereby: _____
(Approved/Disapproved)

Authorized Signature

