

Florida Retirement System
Application for Special Risk Class Membership
for Forensic Discipline effective July 2008



PO Box 9000
Tallahassee FL 32315-9000
Local 850-907-6500 or Toll Free 844-377-1888

Member Name: _____ Member SSN: _____

Member Birth Date: ____/____/____ Date Employed in Position: ____/____/____ County/Agency Number _____

Agency: _____ Position Title: _____

I hereby make application for Special Risk Class membership as a member of the Florida Retirement System (FRS) meeting the criteria for Special Risk Class membership as indicated below.

A. I am employed by a **local government law enforcement agency**; and

- () I spend at least 65 percent of my time performing duties that involve the collection, examination, preservation, documentation, preparation, or analysis of human tissues or fluids or physical evidence having potential biological, chemical, or radiological hazard or contamination, or use chemicals, processes, or materials that may have carcinogenic or health-damaging properties in the analysis of such evidence.
- () I am the direct supervisor of one or more individuals who spend at least 65 percent of their time performing duties that involve the collection, examination, preservation, documentation, preparation, or analysis of human tissues or fluids or physical evidence having potential biological, chemical, or radiological hazard or contamination, or use chemicals, processes, or materials that may have carcinogenic or health-damaging properties in the analysis of such evidence.

B. I am employed by a **medical examiner's office**; and

- () I spend at least 65 percent of my time performing duties that involve the collection, examination, preservation, documentation, preparation, or analysis of human tissues or fluids or physical evidence having potential biological, chemical, or radiological hazard or contamination, or use chemicals, processes, or materials that may have carcinogenic or health-damaging properties in the analysis of such evidence.
- () I am the direct supervisor of one or more individuals who spend at least 65 percent of their time performing duties that involve the collection, examination, preservation, documentation, preparation, or analysis of human tissues or fluids or physical evidence having potential biological, chemical, or radiological hazard or contamination, or use chemicals, processes, or materials that may have carcinogenic or health-damaging properties in the analysis of such evidence.

Member
Signature: _____

Date Signed: _____

THIS SECTION TO BE COMPLETED BY YOUR EMPLOYER

I hereby certify that _____ meets the criteria for special risk membership in his/her current position of _____ in accordance with Section 121.0515, F.S., and FRS Rules, and he/she performs the duties and responsibilities as described on the current official position/job description. Attached is a **current official position/job description** showing all of his/her duties and the **percentage of time** spent performing each of these duties. In addition, I further certify that, if he/she is subsequently employed in a different position within our agency, he/she will have to reapply for Special Risk Class membership.

I certify that _____ is a law enforcement agency () or is/has a medical examiner's office ().
Employing Agency

Employer Signature: _____ Title: _____ Date: _____