

PEACE OFFICERS' ANNUITY & BENEFIT FUND OF GA

P.O. BOX 56, GRIFFIN, GA 30224
PHONE: (770) 228-8461 • FAX: (770) 412-1236
POABF@RFGA.US • WWW.POAB.GEORGIA.GOV

Information Regarding Application of Membership

*** Effective July 1, 2010: Vesting requirements change from 10 years to 15 years. ***

Requirements for Membership in the Fund

1. Full-time Peace Officer that is required to be POST certified for the position held.
2. 37 hours or more per week
3. Dues paid monthly and on time (currently \$20.00/ month). *Please be aware that the dues amount requirement may change during your course of membership.*

Instructions:

1. Complete the Application for Membership: This document must be completed in its entirety, signed and notarized.
 - a. *Applicant Information*: please include your personal email address as well as a phone number with which we can best reach you.
 - b. *Employment Information*: include your POST Certification number in the space provided. If a POST Certification number is pending, send a copy of your Graduation Certificate from the Academy.
 - c. *Beneficiary of Death Benefits Declaration*: the POAB Fund provides two forms of benefits for our members—the Retirement Benefit and the Death Benefit. The Death Benefit is provided to the beneficiary of your account (this individual may be whomever you choose—it does not have to be a spouse or relative).
2. Complete the Certification by Employing Agency form. This form must be verified by an individual from your agency with personnel record access (other than yourself) and must also be notarized.
3. Mail these forms (fully completed, signed, and notarized) with your \$45.00 Application Fee that includes the first month's dues payment. (You may submit an Automatic Withdrawal Authorization Form – OR—A check or money order for \$45.00).

The Fund will send your letter of acceptance or denial to the mailing address listed on the application.

Upon acceptance, you must notify the Fund Office of the following changes:

- | | |
|---|-------------------------------|
| 1. Agency/ Department Transfer | 5. Contact Information Change |
| 2. Termination of Employment | a. Mailing Address |
| 3. Military Status | b. Email Address |
| 4. Beneficiary of Death Benefits Change | c. Phone Number |

Things to Know about Membership in the POAB Fund

1. Beneficiary designation may be changed by submitting a Change of Beneficiary of Death Benefits Form.
2. You must be a dues-paying, fully-employed Peace Officer member of the Fund for 15 years to be considered vested.
3. After 5 years of membership, you may purchase up to 5 years of prior creditable service. This purchase does not count as creditable service toward your vesting requirement of 15 years. It does, however, provide an increase to your benefits at retirement. Contact the Fund to request calculation of the cost to purchase prior service as soon as you are eligible (after minimum of 5 years in Fund).
4. Military service after membership in the Fund is creditable toward retirement upon your direct return to a full-time, POST certified required, Peace Officer position within six months of leaving the military position. Military service is voided if you begin a position outside of law enforcement after military service. Military service does not require dues payment and is creditable up to 5 years.
5. You may request a Leave of Absence (LOA) with the Fund (up to one year). Upon board of commissioner's approval, you will be required to pay monthly dues. LOA counts toward vesting; however, you must return to a law enforcement position for LOA to be creditable. After vesting, LOA is no longer available to members.



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FOR OFFICE USE ONLY

Payment:	Check	Money Order	Cash
Check/ Money Order #:	_____		
Payment Amount:	_____		
Enrollment Date:	_____		
Paid Through:	_____		
OPG #:	PG	NPG	ACH
Member #:	_____		

Application for Membership

Membership application will not be considered unless accompanied by the following:

1. Signed and Notarized Certification by Employing Agency form
2. \$45.00 Application Fee that includes the first month's dues payment. (Either a completed Automatic Withdrawal Authorization Form – OR—A check or money order.

Applicant Information

Full Name: _____

Date of Birth: _____ SSN: _____

Preferred Phone #: _____ Alternate Phone #: _____

Email Address: _____

Mailing Address: _____

Street/ Rural Route/ P.O. Box

City, State and Zip Code

Have you been a member of this Fund before? _____ If yes, what is your member #: _____
Yes or No

Employment Information

Current Employing Agency: _____ Job Title: _____

Do you have the legal power and authority to make arrests? _____
Yes or No

Does your position require P.O.S.T. Certification? _____ Certification #: _____
Yes or No

Beneficiary of Death Benefits Declaration

Notice: [The Beneficiary of Death Benefits is separate from the retirement benefit and is made payable to whomever you choose.](#)

Beneficiary Name: _____ Phone #: _____

Email Address: _____

Mailing Address: _____

Street/ Rural Route/ P.O. Box

City, State and Zip Code

Oath: *I, the undersigned applicant, hereby certify that all information furnished on this application for membership in the Peace Officers' Annuity and Benefit Fund of Georgia is true and correct and that I am employed as a Peace Officer as defined for purposes of membership in this Fund by the State of Georgia, or one of the political subdivisions thereof, as listed above. I further certify that in the event there is any change in my employment, job description, job title, duties or mailing address, I shall immediately notify the Fund of each of said changes during the time I maintain membership in said retirement fund. I understand that failure to notify the Fund of any of the above mention changes may endanger my membership in the Fund.*

Authorization to Release Information

By signature below, the applicant does hereby authorize any present, prior, or future employer to release to the PEACE OFFICERS' ANNUITY AND BENEFIT FUND OF GEORGIA such information concerning my employment with said employers as the FUND may require for processing my application for Membership or Benefits. This includes date of employment (for determining service credit) and work description (for determining eligibility for membership).

Witnessed by: _____
Notary Public

APPLICANT'S NAME (PLEASE PRINT)

APPLICANT'S SIGNATURE

My Commission Expires: _____

DATE

CERTIFICATION BY EMPLOYING AGENCY
EMPLOYMENT VERIFICATION FOR GENERAL LAW ENFORCEMENT

Please return to:

Peace Officers' Annuity & Benefit Fund of GA
P.O. Box 56, Griffin, GA 30224 • 770-228-8461 (Office) • 770-412-1236 (Fax)

NOTICE: GEORGIA LAW PROVIDES AS FOLLOWS: "ANY PERSON WHO KNOWINGLY FURNISHES FALSE INFORMATION FOR THE PURPOSE OF BECOMING A MEMBER OF THE FUND, OR FOR RECEIVING CREDIT FOR SERVICE TO WHICH HE IS NOT ENTITLED, OR FOR RECEIVING BENEFITS HEREUNDER, OR ANY PERSON WHO KNOWINGLY ASSISTS IN DOING ANY OF THE FOREGOING THING, SHALL BE GUILTY OF A MISDEMEANOR, AND UPON CONVICTION THEREOF SHALL BE PUNISHED AS FOR A MISDEMEANOR."

Date: _____ Member #: _____

1. Employee Name: _____

2. Date of Birth: _____ SSN: _____

3. Mailing Address: _____
STREET ADDRESS _____ APARTMENT/ UNIT # _____
CITY, ST and ZIP CODE _____

4. Employing Agency: _____ Job Title: _____

5. POST Certification Required? _____ Job Description Available? _____
YES/ NO YES/ NO
Power/ Authority to Arrest? _____ Custody of Prisoners? _____ If so, was/is the officer armed? _____
YES/ NO YES/ NO YES/ NO

6. Has this employee previously worked for this agency? If so, please provide the dates and positions held as well as if the position was full time or part time:

7. How many hours per week are devoted to this job? _____

8. Beginning date of most recent employment: _____
MONTH DAY YEAR

9. Ending date of most recent employment: _____
MONTH DAY YEAR

10. Please list any periods that this employee was on **LEAVE WITHOUT PAY** (suspension, FMLA, etc.) Please note if worker's compensation:

Note: This form is *not valid until signed by a properly authorized individual for the employing Agency*. Please note that *this form must be notarized by a different individual*. The proper execution of this document is *the Applicant's Responsibility*.

I hereby certify that the information given above is true and accurate as the same appears on the records of _____
APPLICANT/ MEMBER'S NAME

This _____ day of _____ Representative Name: _____

Witnessed by: _____
Notary Public

Signature: _____
Title of Signer: _____
Phone Number: _____
Email Address: _____
Office Address: _____

My Commission Expires: _____