

**Florida Retirement System**  
**Application for Special Risk Administrative Support Class**

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



Member Name: \_\_\_\_\_ Member SSN: \_\_\_\_\_

Position Title: \_\_\_\_\_ Employing Agency: \_\_\_\_\_

I hereby make application for membership in the Special Risk Administrative Support Class. I certify that I meet the following criteria:

- ( ) I am currently filling a law enforcement, firefighting, correctional or emergency medical care administrative support position.
- ( ) I have been a Special Risk Class member in the Florida Retirement System.
- ( ) I am currently certified by the appropriate council and expect to remain certified subject to reassignment at any time to a position qualifying for special risk membership.
- ( ) I understand that I must complete an aggregate of six or more years of service as a designated special risk member in order to count service in this administrative support position toward special risk normal retirement date and shall earn credit for such administrative support service at the same percentage rate as that earned by a regular member.

Member Signature: \_\_\_\_\_ Date Signed: \_\_\_\_\_

**To Be Completed by the Employer**

**Current Service**

**July 1, 1982 to the Present**

This is to certify that \_\_\_\_\_ was employed or reassigned to the above position for ( ) training and/or career development opportunities, or ( ) to fulfill critical agency need, and is subject to reassignment at any time to a position for special risk membership.

Date employed in this position: \_\_\_\_/\_\_\_\_/\_\_\_\_ Position Title: \_\_\_\_\_

Employer Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Agency Number: \_\_\_\_\_

**Retroactive Service**

**October 1, 1978 through June 30, 1982**

Section 121.0515(8)(b), Florida Statutes, provides that an employee who filled a special risk administrative support position in a law enforcement, firefighting or correctional agency and who met the other prerequisites for membership in the Special Risk Administrative Support Class, may, upon application and approval, be granted credit in the Special Risk Administrative Support Class for periods of such employment retroactive to October 1, 1978.

This is to certify that \_\_\_\_\_ was employed by \_\_\_\_\_  
Member's name Employing Agency  
in the capacity of \_\_\_\_\_ from \_\_\_\_\_ to \_\_\_\_\_. I hereby certify that the above  
Official position title(s)  
titles and dates are correct and request retroactive service in the Special Risk Administrative Support Class.

Employer Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Agency Number: \_\_\_\_\_

**Completed by the Division of Retirement**

Certification of the above named employee as a member in the Special Risk Administrative Support Class is hereby:

Current Service: \_\_\_\_\_ Effective Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
(Approved or Disapproved)

Retroactive Service: \_\_\_\_\_ Effective Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
(Approved or Disapproved)

Authorized Signature: \_\_\_\_\_