

APPLICATION TO CALCULATE SEVERANCE REFUND REPAYMENT

PLEASE PRINT

1. MEMBER'S NAME: _____ SOC. SEC. NUMBER: _____ - _____ - _____

ADDRESS: _____
(STREET) (APT. NO.) (CITY) (STATE) (ZIP)

2. CURRENT EMPLOYER: _____ CURRENT DATE OF MEMBERSHIP: _____

PREVIOUS EMPLOYER: _____

PREVIOUS SERVICE DATE: FROM _____ TERMINATION DATE _____

Both employers must be the same and the current date of membership must be within 2 years of the previous termination date (not the date of refund).

3. AMOUNT REFUNDED (If known): \$ _____ DATE: _____

4. A.R.S. SECTION 38-849, SUBSECTION C (in part):

"...if such former member's reemployment with the same employer occurred within two years after termination date, and, **within ninety days after reemployment** the former member signs a written election consenting to reimburse the fund within one year, the former member shall be required to redeposit the amount withdrawn at the time of the former member's separation from service, with interest thereon at the rate of nine per cent for each year, compounded each year from the date of withdrawal to the date of repayment. Upon satisfaction of this obligation the member's prior service credits shall be reinstated." (emphasis added)

I ACKNOWLEDGE READING the above and:

If I agree to reinstate my prior service credits which I previously refunded, I agree to redeposit the amount withdrawn from the system with interest at the rate of 9% compounded each year from the date of withdrawal to the date of repayment. This application does not require me to repay this amount, but I understand that I must pay this amount within one year from my current date of membership in order to reinstate my prior service credits.

Date

Member Signature

(The applicant must file this form with the Plan within **90 days** after reemployment.)

EMPLOYER ACKNOWLEDGMENT

I hereby acknowledge that the information provided by the member above corresponds with the information in our personnel files, and that this application was submitted within 90 days of the member's reemployment with this agency.

Date

() -
Telephone Number

Authorized Signature of Employer

Signer Title

Email Address