

When Completed
Return to:

PUBLIC SAFETY PERSONNEL RETIREMENT PLAN
3010 E. Camelback Rd., Suite 200, Phoenix, Arizona 85016
(602)255-5575 FAX (602)296-2368 www.psprs.com
EMAIL: ActiveMembersGroup@psprs.com

PRE-JOINDER FORM
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03/2021

**APPLICATION TO REDEEM TIME WITH A PUBLIC SAFETY EMPLOYER OR AN ARIZONA CORRECTIONS
OFFICER EMPLOYER PRIOR TO JOINDER DATE**
A.R.S. Section 38-853.01 / A.R.S. Section 38-909

Public Safety

Each present active Tier 2 and 3 Defined Benefit (DB) Members of the system who has at least FIVE years of service with the system who had previous service in this state as an employee with an employer now covered by the system as a full-time paid firefighter or full-time paid certified peace officer may elect to redeem up to SIXTY months of any part of the prior service by paying into the system any amounts required under subsection B if the prior service is not on account with any other retirement system. For Tier 1 DB Members, there is no service requirement or maximum purchase.

Corrections

Each present active Tier 2 and 3 Defined Benefit (DB) Members of the plan who has at least FIVE years of credited service with the plan who had previous service in this state as an employee with an employer now covered by the plan or who had previous service with an agency of the United States Government, a state of the United States or a political subdivision of a state of the United States as a full-time paid corrections officer or full-time paid certified peace officer may elect to redeem up to SIXTY months of any part of the prior service by paying into the plan any amounts required under subsection B if the prior service is not on account with any other retirement system. For Tier 1 DB Members, there is no service requirement or maximum purchase.

- For membership tier information, please visit our website.

Note: Legislation governing service purchases and transfers may change. Members will be subject to legislation at the time a service purchase or transfer request is received. Should your request expire you will then be subject to legislation in place at the time of your latest request.

PLEASE PRINT

1. Member Information

Member Name _____ Social Security Number _____ Date of Birth (MM/DD/YY) _____
Address (Street) (City) (State) (Zip) Email _____ Telephone Number _____

2. Current Employer Information

Current Employer _____

3. Former Employer Information

Former Employer _____ Member's Previous Position Title _____ Telephone Number _____
Former Employer Address (Street) (City) (State) (Zip) _____

4. To Redeem Service

- Indicate number of months you wish to have calculated: _____
- OR a dollar amount to purchase: \$ _____
- OR check box for all available time

I hereby certify that the above information is true and correct to the best of my knowledge and request that the Board of Trustees calculate the amounts required to be paid to accomplish the requested redemption pursuant to A.R.S. 38-853.01. and A.R.S. 38-909.

Dated: _____ Signature of Member _____

TO BE COMPLETED BY FORMER EMPLOYER

I hereby certify that to the best of my knowledge and belief the information provided below is true and correct, and reflect the data as contained in our records.

Prior Service Dates: From _____ To _____

Member's Previous Position Title _____ Telephone Number _____ Former Employer Email _____

Has this member forfeited any and all rights to a benefit(s) under the former retirement system? Yes No N/A

Dated: _____ Signature of Previous Employer _____