



Waiver of Peace Officer/ Fire Fighter Coverage

FOR OFFICE USE ONLY



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I, _____, social security number _____,

understand the implications of this waiver after having read the following statute:

AS 39.35.527. Election to Terminate Coverage as a Peace Officer or Fire Fighter.

- (a) Any active member may elect to irrevocably relinquish peace officer or fire fighter status with the system and to retain all credited service as if it had been acquired as a member other than a peace officer or fire fighter.
- (b) In order to relinquish peace officer or fire fighter status with the system, a person must be an active member and must file a written request with the administrator by July 1, 1984, or within six months after employment as a peace officer or fire fighter, whichever occurs later. No person has more than one opportunity to exercise this option.
- (c) As soon as possible after the relinquishment, the administrator shall refund to a person who relinquishes peace officer or fire fighter status under this section a refund equal to the amount by which the balance of the person's accumulated mandatory contributions plus interest exceeds the balance which would exist if all service credit had been acquired as a member other than a peace officer or fire fighter.
- (d) A written request to relinquish peace officer or fire fighter status is irrevocable upon filing with the administrator.

Understanding the above, I hereby elect to relinquish Peace Officer/Fire Fighter retirement status with the system. I am fully aware that once initiated, this option is irrevocable, and that all of my Peace Officer/Fire Fighter service will be considered in the "all other" category. As soon as possible after receipt of this waiver, the Administrator of the system shall refund to me an amount equal to the difference between the mandatory contributions I paid in the Peace Officer/Fire Fighter category, and those I would have paid as a member in the "all other" category, plus any interest earned on that difference.

The effective date of this waiver is _____ .
Month/Date/Year

Member's Signature

Signed and sworn to before me on this _____ date of _____ 20____.

Notary Public

Residing at _____

My commission expires _____