



# Georgia Firefighters' Pension Fund

2171 East View Parkway • Conyers • Georgia • 30013-5756  
Phone: 770-388-5757 or 1-866-374-0788 Fax: 678-413-4227

eMail: [cindy@gfpf.org](mailto:cindy@gfpf.org)

Web Site: [www.gfpf.org](http://www.gfpf.org)

## Important Notice for Retiree Applicants

Page 1 of 2

All applications **MUST** consist of a properly completed application and should be received not later than **sixty (60) days** prior to the date of your retirement. If your application is received after your retirement date, your benefits will begin based on the date the application is received in the Pension Fund office. Once your application is received, processed, and approved, you will receive a confirmation letter summarizing your retirement information.

1. To be eligible to receive benefits, you must be at least age 50 and have completed a minimum of 15 years of creditable service in the Pension Fund. (If under 50, you must complete the **Application for Retirement** indicating the date you wish benefits to commence, the earliest date being your 50th birthday).
2. The **Application for Retirement Form** must be completed, signed by the member (or spouse in the event of the death of the member), signed by the Fire Chief, and notarized. The signature must be that of the Fire Chief unless the Chief has delegated someone to sign in their absence and the Authorized Signature Form is on file in our office. The Fire Chief's signature must be notarized before submitting the application to our office. (If the Applicant is the Fire Chief, a Superior must sign as Chief).
3. If you are a **Volunteer** Firefighter, you must submit **Volunteer Creditable Service Affidavit** (included with this package) that has been properly completed, signed and notarized by the Fire Chief. If you are a **Part-Time** employee, a **Part-Time Creditable Service Affidavit** must be completed on your behalf. This form can be obtained from our website, [www.gfpf.org](http://www.gfpf.org) or by contacting our office at 770-388-5757.
4. The **Beneficiary Designation and Election of Optional Benefits Form, Page 1**, must be completed indicating the option in which you wish to retire. **Page 2** of this form is completed updating your beneficiary information. The Primary Beneficiary information is to be completed for all retirement options. The Secondary and Tertiary Beneficiary information may be completed by members choosing the 10-Year Certain and Life option. This form must be signed and notarized.

If you would like to designate that your beneficiaries be paid pro-rata, you may do so by contacting our office to obtain the "Designation of Multiple Beneficiaries" form.

5. The **Retiree Direct Deposit Form** is to be completed if you choose to have your benefit payment directly deposited into a checking or savings account. If you choose to receive paper check by mail, please write "Mail Check to Address on File" in the space provided for account information. Please keep in mind, due to the postal service's delivery schedule, no guarantee can be made as to the date you will receive your check.
6. The **Tax Withholding Form** may be completed if you choose to have any federal or state taxes deducted from your benefit payment. Your benefits are taxable income and you will receive a MISC-1099 for each tax year. If you choose to have any taxes deducted, please indicate, in a dollar amount, the total you wish to have deducted. If no deductions are desired, please put zero (0) in the space provided. Your tax deductions can be changed at any time by completing and submitting this form.
7. You must notify the Pension Fund Office of any changes in:
  - a. Address
  - b. Marital Status
  - c. Beneficiary
  - d. Direct Deposit
  - e. Tax Withholding
  - f. Reemployment with a Fire Department in the State of Georgia

**If you have any questions, please contact the Pension Fund office.**



# Georgia Firefighters' Pension Fund

2171 East View Parkway • Conyers • Georgia • 30013-5756  
Phone: 770-388-5757 or 1-866-374-0788 Fax: 678-413-4227

eMail: [cindy@gfpf.org](mailto:cindy@gfpf.org)

Web Site: [www.gfpf.org](http://www.gfpf.org)

---

## Important Notice for Retiree Applicants

---

Page 2 of 2

### REQUIRED DOCUMENTS

It has become increasingly important that we take measures to protect the long-term benefits of participants and their beneficiaries. Therefore, in our continuing efforts to ensure the information we collect is accurate and the benefits we award are appropriate, we require the following documentation to accompany retirement applications.

1. Proof of age of member (all retirement options)
2. Proof of age of spouse (if drawing under Joint & Survivor Option)

With regards to proof of age of member (and spouse if required), a copy of a birth certificate, driver's license, passport or any state or government approved document reflecting date of birth would be sufficient. Note that as a copy, it must be legible. (Sometimes drivers' licenses do not copy well.)

3. Proof of Marriage (if drawing under Joint & Survivor Option)

In order to provide proof of marriage a copy of a marriage certificate would be necessary.

4. Separation notice for full-time and part-time

A separation notice can consist of a "Department of Labor Separation Notice" or notification of termination from the fire department where you were employed. We understand you may not have your separation notice at the time you submit your Retirement Application; however, once this information is received, please forward a copy to our office.

**If you have any questions, please contact the Pension Fund office.**



# Georgia Firefighters' Pension Fund

2171 East View Parkway • Conyers • Georgia • 30013-5756  
Phone: 770-388-5757 or 1-866-374-0788 Fax: 678-413-4227

eMail: cindy@gfpf.org

Web Site: www.gfpf.org

## Application for Retirement

TO BE COMPLETED AND SUBMITTED AT LEAST SIXTY (60) DAYS PRIOR TO YOUR REQUESTED RETIREMENT EFFECTIVE DATE.  
Incomplete forms and/or failure to submit requested information may result in delaying the start of your benefits.  
If your mailing address has changed, please complete and submit the **Change of Address Form**.

<b>Member Info</b>	<i>(Please Print)</i>
	Member No: _____ or Social Security No: _____ Date of Birth: ____/____/____
	Last Name: _____ First: _____ Middle: _____
	Home Mailing Address: _____
	City: _____ State: _____ Zip: _____
	Email: _____ Phone(H): _____ Phone(C): _____
	I officially will retire or have retired from the fire services effective: ____/____/____
<i>(Check status at time of retirement)</i> Full-time Firefighter      Part-time Firefighter*      Volunteer Firefighter*	
*If <b>Part-time</b> or <b>Volunteer</b> , an appropriate <b>Credible Service Affidavit</b> must accompany this application.	
<b>Dept Info</b>	<i>(Please Print)</i>
	Department: _____ County: _____
	Chief's Name: _____

### CHOOSE ONE (Age at retirement date)

I am at least 55 years of age and wish to receive applicable benefits.

I am less than 55 years of age and I elect to begin receiving reduced benefits immediately. (Must be at least 50 years of age)

I am less than 55 years of age and I elect to wait until \_\_\_\_/\_\_\_\_/\_\_\_\_ to begin receiving pension benefits.

With the express knowledge and understanding that the foregoing statements are material to my application and that the Board of Trustees of the Georgia Firefighters' Pension Fund, and its agents and employees, will rely on my statements in determining my eligibility for retirement, I hereby certify and affirm that any and all of the information I have herein before set forth is true, correct and complete in all respects and a part of the official records of the above department.

\_\_\_\_\_  
Signature of Applicant

Sworn to and subscribed before me

this \_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

\_\_\_\_\_  
Signature of Notary Public & Seal

\_\_\_\_\_  
My Commission Expires On

I certify that the above named applicant has acquired the service record claimed, and that my official records support the information presented in this form to be true and correct. I make this certification and affirmation under penalty of law and I understand that knowingly making a false statement on this form is a crime.

\_\_\_\_\_  
Signature of Chief  
(If applicant is Chief, this form must be signed by the chief's superior)

Sworn to and subscribed before me

this \_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

\_\_\_\_\_  
Signature of Notary Public & Seal

\_\_\_\_\_  
My Commission Expires On



# Social Security Administration

**Social Security Administration**  
**9180 Covington Bypass Road**  
**Covington, Georgia 30014**  
**877-873-9115**

Date: April 6, 2012

Mr. James R. Meynard  
Georgia Firefighters' Pension Fund  
2171 East View Parkway  
Conyers, Georgia 30013

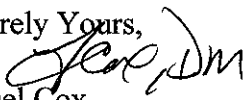
Dear Mr. Meynard,

You asked the Social Security Administration (SSA) to determine if pension payments from the Georgia Firefighters' Pension Fund (GFPF) are excluded from consideration in determining applicability of the Windfall Elimination Provision (WEP) and/or Government Pension Offset (GPO) provisions of the law. After evaluating the nature and source of the payments, it has been determined by SSA that payments from the GFPF are not to be considered when determining whether GPO or WEP is applicable. GFPF payments are based upon voluntary contributions from the firefighter and contributions from fire insurance premiums. Since no employer contributions are made to the fund and it is a secondary pension for the firefighter, these payments would not be considered when determining the applicability of WEP and/or GPO.

Even though GFPF payments would not be counted to determine whether WEP and/or GPO apply to firefighter's SSA payments, that does not mean that WEP and/or GPO are not applicable. This can only be determined by a complete evaluation of the firefighters work history and pension payments based upon work as a firefighter. WEP and/or GPO may apply in cases where the GFPF is not relevant to the receipt of or calculation of the SSA benefit because of noncovered employment and the receipt of a pension based upon that employment. A determination must be made on a case-by-case basis.

I hope that this answers any questions or concerns that you may have. If you require further assistance, please do not hesitate to contact me at 877-876-3170.

Sincerely Yours,

  
Lemuel Cox  
District Manager  
Covington, Georgia 30014