

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

2020 Volunteer Service Affidavit

Member #: _____ Member Name: _____

Department: _____

Service Dates

For This Year Start Date: ____/____/____ to End Date: ____/____/____

DEPARTMENT:

B. Total Department / Station Pension Eligible Calls
(Eligible Calls as defined by the Fire Chief)

C. Total Department / Station Points
(B)

D. Points Required for Pension Creditable Service
(50% of C)

MEMBER:

E. Member's Department/Station Activity Attendance

F. Member's Call Attendance
(Must be greater than 25% of (B)
(Minimum)

G. Member's Station Duty Points
(1 Point per 2 hour block of Station Duty and shall be no more than 25% of D)
(Maximum)

H. Member's Additional Training Points
(1 Point per hour of additional training and shall be no more than 25% of D)
(Maximum)

I. Member's Pension Eligible Points
(E+F+G+H)

Member's Annual Attendance Percentage
(Must be greater than or equal to 50% to earn pension creditable service)
A number in red may indicate non-credit

I hereby state under oath that the information presented in this form is true and correct.

I acknowledge that if any examination of the records of the Department reveals that this Affidavit is incorrect, the Fund may revoke any credit for service to the above named member. I further acknowledge that O.C.G.A. 47-7-126 (a) provides that any person who knowingly makes any false statement in an attempt to defraud the Fund shall be guilty of a crime.

I certify and affirm that the above named member **(DID)** or **(DID NOT)** meet requirements as set forth for the above dates in **2020**.

OR

I certify and affirm that the above named member was **(UNABLE)** to meet all requirements due to the following COVID restrictions:

Signature of Chief and Date

Signature of Member and Date