

FRESNO COUNTY EMPLOYEE'S RETIREMENT ASSOCIATION

APPLICATION TO PURCHASE PRIOR PUBLIC AGENCY SERVICE

This application and an Authorization for Release of Information form must be completed in full and signed or the application for purchase of prior public service will not be processed.

Please Print:

Name _____ Date of Birth _____

Home Address _____

Present Employer _____ Daytime Telephone _____

Social Security Number _____

Name of Public Agency _____

Contact Person _____ Telephone Number _____

Address _____

Total Public Service for which I am not now receiving, nor will be eligible to receive, a pension or retirement allowance:

From _____ To _____

From _____ To _____

Full-time _____ Part-time _____ Both _____

I CERTIFY UNDER PENALTY OF PERJURY THAT THE ABOVE IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE. Applications for employees, who were members of the Retirement System as of April 1, 2001, will be accepted through June 30, 2001. For employees entering the retirement system as members after April 1, 2001, the member must file this application with the Retirement Office within three months after becoming a member of the Fresno County Employees' Retirement Association. Filing requirements have been set by the County of Fresno Board of Supervisors. No exceptions will be allowed.

Signature _____ Date _____





FRESNO COUNTY EMPLOYEES' RETIREMENT ASSOCIATION
7772 N Palm Ave
Fresno, California 93711
Phone (559) 457-0681
Fax (559) 457-0318

AUTHORIZATION FOR RELEASE OF INFORMATION

TO: _____

I, _____, have membership in the Retirement System of Fresno County in accordance with the County Employees' Retirement Law of 1937 and the bylaws and regulations governing the Retirement System.

I hereby authorize and request the disclosure of any and all personnel, employer or any other records concerning myself, hereafter referred to as applicant, from any and all persons having knowledge of pertinent facts, or facts which may lead to pertinent facts relating to my purchase of public service with the Fresno County Employees' Retirement Association. This information is to be used for purposes of determining public service, which may be purchased in accordance with Government Code Section 31641.1. This authorization shall remain valid until the date of final determination on my application for purchasing public service.

I understand that this information will be held in confidence and shall not be disclosed except as provided in Government Code Section 31532.

I understand that I have a right to receive a copy of this authorization upon request. A copy of this authorization shall be deemed as valid as the original.

Signature of Witness

Signature of Applicant

Dated: ___/___/___

CERTIFIED to be a true and correct copy of the original Authorization for Release of Information on file with the Board of Retirement, County of Fresno.

Retirement Officer

Dated: ___/___/___

