

Police Officers Retirement System Data

Date Stamp Here

Date Stamp Here

<i>Last Name</i>		<i>First Name</i>	<i>Initial</i>	
<i>Mailing Address</i>		<i>City</i>	<i>State</i>	<i>Zip</i>
<i>Social Security Number</i>		<i>EIN</i>	<i>Contact Phone Number</i>	

Date of Birth (DOB)			Sex
<i>Month</i>	<i>Day</i>	<i>Year</i>	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Male
			<input type="checkbox"/> Female

Marital Status	
<input type="checkbox"/> Single	<input type="checkbox"/> Divorced
<input type="checkbox"/> Married	<input type="checkbox"/> Widowed

Date Employed	Department/Agency	Previous County Employment?
<input type="text"/>	<input type="text"/>	<input type="text"/>

All new hires who participate in the Police Officers Retirement System (PORS), effective on or after January 1, 2013, will be members of PORS Plan B.

Retirement System Beneficiary Designation

In the event of your death, having your beneficiary information on file with the Retirement Systems will make this element of handling your affairs easier for your survivors.

If you die, and you have a spouse and/or dependent children, your spouse and/or dependent children may be eligible for the automatic benefit that is payable to surviving spouses and dependents of Police Officer members of the Fairfax County Retirement System. Please visit http://www.fairfaxcounty.gov/retirement/pdfs/police_death_ben.pdf for specific information on Police System death benefits.

If you do not have a spouse or dependent children at the time of your death, your beneficiary is entitled to a refund of all your contributions. Refunds are paid out of the system within 60-90 days after receipt of your death certificate.

Primary Beneficiary Name(s)	Address	Relationship	DOB	SSN	%
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(If you have a spouse, you may want your spouse to be your sole primary beneficiary - see Retirement System Handbook.)

Contingent Beneficiary Name(s)	Address	Relationship	DOB	SSN	%
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(A Contingent Beneficiary is/are the payee(s) who will be paid if your primary beneficiary is already deceased.)

A member may designate as many beneficiaries as he/she chooses. Make sure the information is clearly stated with regards to percentages for each beneficiary.

Check this box if you have provided any additional beneficiary names or information on the back of this page.

I understand that my earnings from this job are not covered under Social Security. I certify that I have received the SSA-1945 that provides information on the Windfall Elimination Provision and the Government Pension Offset. I understand that if I want more information, I can contact Social Security or visit <http://www.socialsecurity.gov>.

Signature of Member

Date of Signature