

Fairfax County Retirement Systems
Annual Statement Research Request Form

Employees' System

Police Officers System

Uniformed System

*This is the Member Version of the
Annual Benefit Statement Research Request Form*

Please complete and return this form to Retirement by fax or mail.
One of the Retirement Counselors will research and respond to your concern as soon as possible.

Member Name (please print): _____

Daytime Phone Number: _____

Social Security # (last 4 digits): _____

E-mail address: _____

Date of Birth, (day/month/year): _____

Past history (break(s) in service, LWOP, part-time service, prior service dates, etc.): _____

Short statement of your concern or question: _____

----- Retirement Systems Use Only below this line -----

Date and Time Inquiry Received: _____

Received By (Staff Member Name): _____

Date this form was recorded in Retirement log: _____

Response to Request: _____
(Describe the response, i.e. sent adjusted statement, called to discuss, etc...)

Name & Date: _____ on _____
Retirement Systems Employee Name *Date Responded*

Return completed form to: Fairfax County Retirement Systems
10680 Main Street, Suite 280, Fairfax, Virginia 22030-3812
FAX: 703-273-3185