North Carolina
Retirement Systems

# Form 349
## Purchase Credit for Prior Service as a Firefighter or Rescue Squad Worker

Print or type in black ink. No erasures, strikeovers or whiteouts permitted. Do not staple pages.

**Section A. Tell us about yourself.**

| First Name | M.I. | Last Name | | Suffix |
|---|---|---|---|---|
| Mailing Address | | | Date of Birth | SSN |
| City | State | Zip Code | Phone (At least one phone required) | Mobile (At least one phone required) |
| Personal Email Address | | | | Member ID |

| What date did you join the Department or Squad? | Current or last Fire Department or Rescue Squad name |
|---|---|

You may be eligible to purchase Firefighters' & Rescue Squad Workers' Pension Fund (FRSWPF) prior service credit if you were 18 years or older for the period being purchased. **If you do not meet one of the requirements under either section below, do not submit this form.**

**Unpaid (Prior Year) Contributions**

- I had service in the prior year, but did not make that year's contributions by the March 31st deadline.
- I had service in the prior year, but the contributions were received by the FRSWPF after the required March 31st deadline and returned to me or applied to future service.

**Prior Year Service Credit**

- I was a member of a fire department or rescue squad before its participation in the FRSWPF.
- I was previously eligible but did not elect to join the FRSWPF.
- I have a period of prior service with a different fire department or rescue squad than the one where I joined the FRSWPF.
- I have not taken a refund of my Firefighters' & Rescue Squad Workers' Pension Fund (FRSWPF) contributions for the period I am looking to purchase.

| **Select type of credit to purchase:** | ☐ | Unpaid (Prior Year) Contributions |
|---|---|---|
| | ☐ | Prior Year Service Credit |

**Section B. List period of prior service.**

You may purchase prior service in both a fire department and a rescue squad as long as the service periods do not overlap. If the eligible service is with different departments or different capacities, a separate form must be filled out for each department or capacity.

| Fire Department or Rescue Squad Name | | |
|---|---|---|
| Start Date | End Date | Total Eligible Service |

**If you do not want to purchase the entire period of prior service, indicate the number of years you wish to purchase in the space below.**

**Continue to the next page.**

## Section C. Authorize the preparation of a cost statement with your signature.

I certify that the period given in Section B meets the eligibility requirements in Section A in accordance with G.S. § 58-86-45 to the best of my knowledge and belief.

Signature _____ Date _____

**Deliver this form to the department or squad where you performed service during your period of prior service to complete Section D.**

## Section D. Department or Squad, verify the period of prior service given in Section B.

Cash is not accepted as a form of payment. The acceptable methods of payment are personal check, money order, or cashier's check.

| | | |
|---|---|---|
| **Where should we return cost statement?** | ☐ | To Department or Squad |
| | ☐ | To Member |

| | |
|---|---|
| Fire Department or Rescue Squad Name | Phone |
| Address | Department / Squad Number (If Known) |

| | | | |
|---|---|---|---|
| Start Date | End Date | Total Eligible Service | County |

## Section E. Department or Squad, certify the information you have provided.

I certify that the information provided in Section D is true and correct to the best of my knowledge. If any of this information changes, I will notify the Retirement Systems Division.

Authorized Contact Signature _____ Date _____

| | | |
|---|---|---|
| Contact First Name | Contact Last Name | |
| Position Title | Email Address | Phone |

**Submit the completed form by mail or email.**

**N.C. Department of State Treasurer, Retirement Systems Division**
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