CITY OF DELRAY BEACH GENERAL EMPLOYEES' RETIREMENT PLAN

REQUEST FOR ACTUARIAL CALCULATIONS TO PURCHASE <u>PREVIOUS</u> YEARS OF SERVICE FOR THE 3.0% MULTIPLIER ENHANCEMENT

I am requesting actuarial calculations be done for the multiplier enhancement as outlined in City Ordinance	ne purchase of previous years of service for the 3.0% e Number 18-05:
Name:	
Address:	
Employee Identification Number:	
My signature below verifies the above information is the following:	correct and that I understand and/or will comply with
 City benefits. I may purchase the 3% multiplier for all or a popular beach. I am responsible for payment of the full actuaristic service that I choose to purchase the 3% multiple. I will pay the fee for the actuarial calculations to 	ension purposes ONLY. They do not affect any other ortion of my previous years of service with the City of ial cost for all or any portion of my previous years of lier. In determine the additional cost for the purchase of the actuaries have estimated the fee to complete these
If I elect to purchase previous years of service for the	e 3.0% multiplier enhancement, I understand that:
enhancement form.	Purchase Previous Service" for the 3.0% multiplier edited until payment for this service has been paid in
My signature below further verifies that I have receiv	ed a copy of City Ordinance Number 18-05.
Employee Signature	Date