North Carolina
Total Retirement Plans

Form **350**

Enrolling in the Firefighters' and Rescue Squad Workers' Pension Fund

Please print or type in black ink.

Section A. Tell us about yourself.

TITLE	FIRST NAME	MIDDLE NAME	LAST NAME	SUFFIX	SSN

ADDRESS LINE 1	EMAIL ADDRESS
ADDRESS LINE 2	GENDER ☐ MALE ☐ FEMALE

CITY	STATE	ZIP CODE	TELEPHONE NO.	DATE OF BIRTH

Section B. Please review Pension Fund enrollment requirements.

If you meet the requirements and conditions outlined in Guides A and B, you can become a member of the Pension Fund. If you previously received a refund and no longer have Pension Fund contributions, you must complete this form if you wish to establish current membership in the Pension Fund. See guides for more information.

Section C. Please authorize your enrollment in the Pension Fund with your signature.

I certify that I have read the information on this form and the guides, and I am an eligible firefighter or eligible rescue squad worker (as defined in Guide A) and request to be enrolled in the Pension Fund. I understand that my enrollment will be effective in the month in which the Pension Fund receives this form along with proof of birth and Social Security number and my first required monthly contribution of $10.00. I understand that future $10.00 contributions for each month of service credit in a calendar year must be received in the Pension Fund office by March 31 of the following year in order to be properly credited.

Member's Signature _____ Date_____

Please submit this form to your fire department or rescue squad to complete Section D.

Section D. Department/Squad, please certify applicant is a member of your department/squad.

FIRE DEPARTMENT OR RESCUE SQUAD NAME	DEPT./SQUAD NO. (if known)	COUNTY

What was the first day of service (mm-dd-yyyy)? _____ ☐ Firefighter ☐ Rescue Squad Worker

I certify that the applicant named in Section A is a current member of this department/squad, and that the information provided in this section (Section D) is true and correct to the best of my knowledge.

Chief, Captain, or
Authorized Contact Signature _____ **Date**_____

CONTACT FIRST NAME	CONTACT LAST NAME	POSITION TITLE

E-MAIL ADDRESS	TELEPHONE NO.	FAX NO.

Section E. Please attach the following required items to this form.

☐ **Submit proof of birth** by providing a copy of one of the following: driver's license, birth certificate, passport, or state, federal or military identification.

☐ **Submit a copy of your Social Security card** or statement from the Social Security Administration with full name and Social Security number.

☐ **Submit your $10.00 check** made payable to the Firefighters' and Rescue Squad Workers' Pension Fund.

Section F. Please submit this form and required items by mail to address below. Thank you.

N.C. Department of State Treasurer, Firefighters' and Rescue Squad Workers' Pension Fund
3200 Atlantic Avenue, Raleigh, North Carolina 27604
1-877-NCSECURE (1-877-627-3287) toll-free
www.myncretirement.com

North Carolina
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Form 350 Guides
Enrolling in the Firefighters' and Rescue Squad Workers' Pension Fund

Guide A. Who can enroll in the Firefighters' and Rescue Squad Workers' Pension Fund?

- **Eligible firefighters**, who must be 18 or older, and belong to a fire department that: (i) is rated by the Fire Insurance Rating Bureau and is certified by the Department of Insurance as not less than a Class "9S" department; (ii) files a roster annually with the North Carolina State Firemen's Association, which is forwarded to the Pension Fund by January 31 each year; and (iii) holds training sessions at least 4 hours monthly for which members are required to attend at least 36 hours per year.
- **Eligible rescue squad workers**, who must: (i) be 18 or older; (ii) attend a minimum of 36 hours of training sessions each year; and (iii) belong to a rescue squad that files a roster annually with the North Carolina Association of Rescue and Emergency Medical Services, Inc., which is forwarded to the Pension Fund by January 31 each year.

Guide B. When will my enrollment be effective and how much do I contribute each month?

Your enrollment will be effective in the month in which the Pension Fund receives your Form 350 along with proof of birth and Social Security number and your first required monthly contribution of $10.00. Future $10.00 contributions for each month of service credit in a calendar year must be received in the Pension Fund office by March 31 of the following year in order to be properly credited. You will not receive Pension Fund credit for the prior calendar year if your prior year contributions are not received by March 31 of the following year or your prior year contributions are returned because they are received after March 31; however, you may be eligible to purchase Pension Fund credit for this service (see Guide E).

Guide C. When can I begin receiving monthly benefits and how much will I receive?

You must serve as a firefighter or rescue squad worker for a period of at least 20 years and contribute to the Pension Fund for a period of 240 months (or qualify under disability status - see Guide F), and be at least age 55 to receive a monthly benefit at retirement. The present Pension Fund gross benefit is $170 per month for your lifetime.

Guide D. Can I receive a refund of contributions made by me or on my behalf?

You can request a refund at any time by completing a Form 5FR, Withdrawing Contributions from the Firefighters' and Rescue Squad Workers' Pension Fund, available on the ORBIT Forms page on our website at www.myncretirement.com. If you receive a refund, you will lose Pension Fund credit for the period of service represented by the refunded contributions, and you cannot later purchase Pension Fund credit for this withdrawn service period.

Guide E. Can I purchase Pension Fund credit for prior firefighter or rescue squad service?

You may purchase Pension Fund credit for prior firefighter or rescue squad service if:

- You were a member of an eligible fire department or rescue squad before its participation in the Pension Fund.
- You were previously eligible, but did not choose to join the Pension Fund.
- You had earlier service with a department or squad other than the department or squad through which you joined the Pension Fund.
- You had eligible service for the prior year but did not make prior year contributions or your prior year contributions were returned because they were received after March 31.

To request a purchase cost statement, please complete Form 349, Purchasing Pension Fund Credit for Prior Service as a Firefighter or Rescue Squad Worker, available on the ORBIT Forms page on our website at www.myncretirement.com. **You cannot purchase service credit for periods for which you received a refund of your Pension Fund contributions.**

Guide F. What is Disability Status?

If you have at least 10 years of creditable service, and the Retirement Systems Division's Medical Board approves you as totally and permanently disabled as the result of a non-duty related activity and you can no longer perform the duties of a firefighter or rescue squad worker, you are eligible for non-duty related disability status. After being approved for non-duty disability status, you may continue to pay $10 per month into the Pension Fund until you have paid for 20 years or $2,400. Once you have made contributions for 20 years and you are at least age 55, you can apply to receive your monthly pension.

If the Medical Board approves you as totally and permanently disabled as the result of a line-of-duty related activity and you can no longer perform your duties as a firefighter or rescue squad worker, you are eligible for line-of-duty disability status. After being approved for line-of-duty disability status, you will no longer have to make contributions to the Pension Fund and you can apply to receive your monthly pension when you reach age 55.

These guides are subject to and governed by the General Statutes of the State of North Carolina.

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