

# Application for Reinstatement of Pension Service

## MEMBER INFORMATION

Please type or use only black ink and do not highlight; any corrections must be initialed.

Name:  Department:   
Address:  Phone Number:   
City:  State:  Zipcode:  Employee ID#:

## 1. MEMBER CERTIFICATION

I am currently an employee of the City of Dallas and a contributing member of the Employees' Retirement Fund. I hereby request reinstatement of the credited pension service listed below. I understand that all credited service will be verified against City records and that repayment of the computed amount as calculated by the Retirement Fund Office is required if my prior period of service was forfeited due to a withdrawal of my contributions.

### SEC. 40A-30. REFUND OR FORFEITURE OF CONTRIBUTIONS

(a) A member who terminates city employment without either retiring or having sufficient credited service to retire at a future date is entitled to the amount of the member's contributions to the retirement fund, without interest, less any previous retirement pension payments, except as provided by federal law.

(b) A member who terminates employment without either retiring or having sufficient credited service to retire at a future date must make written application with the retirement fund for the refund of the member's contributions within three years of the date of termination or all of the member's rights to a refund of contributions will be forfeited, and the contribution will remain in the retirement fund.

Indicate below if credited service was canceled by Withdrawal of Contributions or Forfeiture of Contributions.

Withdrawal

Forfeiture

From (MM/DD/YY)	To (MM/DD/YY)	Department
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

\_\_\_\_\_  
Member's Signature

\_\_\_\_\_  
Date Signed

## 2. ERF CERTIFICATION

I hereby certify that I have examined the application of the above-named member for Reinstatement of Pension Service, and, if applicable, have received the required contribution amount. This request for service reinstatement is approved.

\_\_\_\_\_  
Name and Title of ERF Staff

\_\_\_\_\_  
Signature of ERF Staff

\_\_\_\_\_  
Date Signed