

***Application for Reinstatement of
Pension Service "Service Buyback"
Or
"Cancellation by Forfeiture"***

Name: _____

Employee No. _____ Dept. _____

Street _____ City _____ State _____

Zip Code _____ Home Phone: _____

I am currently an employee of the City of Dallas and a contributing member of the Employees' Retirement Fund. I hereby request reinstatement of pension service listed below. I understand that all credited service is subject to verification by City records and that repayment of the computed amount as calculated by the Retirement Fund Office is required for reinstatement of pension service.

I have been given a copy of the (Chapter 40A-11) if the Dallas City Code. I understand that its provisions govern this reinstatement and that i must comply with them.

Please Enter Your Number Of Service Breaks _____

Scheduled Repayment Date: _____

PREVIOUS SERVICE:

<u>Date Employed</u>	<u>Date Terminated</u>	<u>Name</u> <i>(If different from present)</i>	<u>Employee number</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

ERF Office Use Only

Date of Refund	Refund Received	Refund Impounded	Total Refund	Interest Paid	Amount of Repayment	Reinstated pension Service: mm/dd/yy
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
Totals		_____	_____	_____	_____	_____

DATE RECEIVED IN ERF: _____

BY: _____

STAFF

DATE

RIS1 UPDATED WITH REINSTATED STATED

RIS1 UPDATED WITH LENGTH OF SERVICE BREAK

MEMO TO CONTROLLER/REINSTATE CONTRIBUTIONS

LETTER TO EMPLOYEE
