



Application for Firefighter Retirement

Purpose of the Form

- Use this form to apply for retirement as a firefighter member of the Firefighters' Retirement Fund.

Instructions

- Complete the form in blue or black ink.
- Send the completed form to PERSI.

Member Social Security Number	Member PERSI ID Number*

* A PERSI ID is only required for members with multiple PERSI accounts.

Member Information			
Name – First, Middle, Last			
Mailing Address	Street or P.O. Box		
	City	State	Zip Code
Daytime Phone Number (include area code)		Email Address	Date of Birth – mm/dd/yyyy
Name of Last PERSI Employer			Marital Status <input type="checkbox"/> Single <input type="checkbox"/> Married
Date Last Shift Ends – mm/dd/yyyy		Effective Retirement Date – mm/dd/yyyy	

Family Information		
Spouse		
Name – First, Middle, Last	Social Security Number	Date of Birth – mm/dd/yyyy
Unmarried Children Under the Age of 18		
Name – First, Middle, Last	Social Security Number	Date of Birth – mm/dd/yyyy

Member Certification	
I apply for retirement as a firefighter member of the Firefighters' Retirement Fund as administered by PERSI. As provided by Idaho Code Title 72 Chapter 14, as amended, I request the Retirement Board to pay my retirement benefit, the basis on which contributions have been withheld from my salary as provided in Idaho Code §72-1431.	
Signature	Date – mm/dd/yyyy

