North Carolina Retirement Systems

Form 349
Purchase Credit for Prior Service as a Firefighter or Rescue Squad Worker

Print or type in black ink. No erasures, strikeovers or whiteouts permitted. Do not staple pages.

Section A. Tell us about yourself.

First Name	M.I.	Last Name	Suffix
Mailing Address		Date of Birth	SSN
City	State	Zip Code	Phone (At least one phone required) / Mobile (At least one phone required)
Personal Email Address			Member ID

What date did you join the Department or Squad?	Current or last Fire Department or Rescue Squad name

You may be eligible to purchase Firefighters' & Rescue Squad Workers' Pension Fund (FRSWPF) prior service credit if you were 18 years or older for the period being purchased. **If you do not meet one of the requirements under either section below, do not submit this form.**

Unpaid (Prior Year) Contributions

- I had service in the prior year, but did not make that year's contributions by the March 31st deadline.
- I had service in the prior year, but the contributions were received by the FRSWPF after the required March 31st deadline and returned to me or applied to future service.

Prior Year Service Credit

- I was a member of a fire department or rescue squad before its participation in the FRSWPF.
- I was previously eligible but did not elect to join the FRSWPF.
- I have a period of prior service with a different fire department or rescue squad than the one where I joined the FRSWPF.
- I have not taken a refund of my Firefighters' & Rescue Squad Workers' Pension Fund (FRSWPF) contributions for the period I am looking to purchase.

Select type of credit to purchase:	☐	Unpaid (Prior Year) Contributions
	☐	Prior Year Service Credit

Section B. List period of prior service.

You may purchase prior service in both a fire department and a rescue squad as long as the service periods do not overlap. If the eligible service is with different departments or different capacities, a separate form must be filled out for each department or capacity.

Fire Department or Rescue Squad Name		
Start Date	End Date	Total Eligible Service

If you do not want to purchase the entire period of prior service, indicate the number of years you wish to purchase in the space below.

Continue to the next page.

Section C. Authorize the preparation of a cost statement with your signature.

I certify that the period given in Section B meets the eligibility requirements in Section A in accordance with G.S. § 58-86-45 to the best of my knowledge and belief.

Signature _____ Date _____

Deliver this form to the department or squad where you performed service during your period of prior service to complete Section D.

Section D. Department or Squad, verify the period of prior service given in Section B.

Cash is not accepted as a form of payment. The acceptable methods of payment are personal check, money order, or cashier's check.

Where should we return cost statement?	☐	To Department or Squad
	☐	To Member

Fire Department or Rescue Squad Name	Phone
Address	Department / Squad Number (If Known)

Start Date	End Date	Total Eligible Service	County

Section E. Department or Squad, certify the information you have provided.

I certify that the information provided in Section D is true and correct to the best of my knowledge. If any of this information changes, I will notify the Retirement Systems Division.

Authorized Contact Signature _____ Date _____

Contact First Name	Contact Last Name	
Position Title	Email Address	Phone

Submit the completed form by mail or email.

N.C. Department of State Treasurer, Retirement Systems Division
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