

514 South McDonough Street P O Box 2186 Montgomery, AL 36102-2186

Phone : 334-242-4079 Fax : 334-242-4072 Toll Free : 1-888-350-4079

Web Site : <u>www.apoabf.alabama.gov</u>

Email: john.hixon@apoabf.alabama.gov

RETIREMENT BENEFITS

Service Retirement - Based on years of service-minimum 15 years qualified service and age 52 – maximum benefits 30 years regardless of age - eligible to retire with 25 years qualified service regardless of age.

Years Qualified Service	Monthly Benefit	
15	\$103.75	
16	110.00	
17	116.25	
18	122.50	
19	128.75	
20	135.00	
21	141.00	
22	147.50	
23	153.75	
24	160.00	
25	166.25	
26	176.00	
27	185.75	
28	195.50	
29	205.25	
30	215.00	

DISABILITY & DEATH BENEFITS

Disability Benefits - If a member is injured in the line of duty, has a heart attack or heart condition, and is totally or permanently disabled; they may receive benefits payable up to 24 months.

Qualified Service	Monthly Benefit	
Not more than 35 months	\$72.00	
36 through 47 months	108.00	
48 through 59 months	144.00	
60 months or more	180.00	

Any member disabled as defined in this section for a period of more than twentyfour (24) calendar months shall be eligible for retirement benefits under this article if he meets the requirements of Section 36-21-70, Retirement Benefits.

Death Benefits – \$2,500.00 death benefit is paid to the current beneficiary(s) named on the account at the time of death. If killed in the line of duty, all contributions are returned in addition to the \$2,500.00. There are no other survivor benefits. The \$2,500.00 death benefit is also retained after retirement.

MEMBERSHIP REQUIREMENTS

<u>Membership Contributions - \$30.00 per month payable by the 10th day of each month.</u> (*Effective September 1, 2015*)

Some departments have payroll deductions for the fund. After thirty years service/membership, the monthly contributions are discontinued; however, benefits cannot be paid until retired from law enforcement.

1. Membership effective month of enrollment and payment of contribution.

- Previous law enforcement service can be purchased at full actuarial cost.
- 2. If you terminate your employment as a law enforcement officer, you may elect to leave your money in the Fund for a maximum period of 36 months. If at the end of that time you have not returned to Peace Officer employment, your contributions will automatically be refunded and your membership service closed. This refund is <u>90 percent</u> of your total contributions. <u>After refund</u> Must rejoin as a new member with no claim to any previous service. <u>However</u>, should you return to peace officer work within the 36 month period <u>without</u> receiving a refund, you may activate your membership by starting your contributions again and have a letter of reemployment sent to the Fund's office stating that you are employed as a full time peace officer with powers of arrest and the date.
- **3.** If your account is terminated due to non-payment of contributions, you can only rejoin as a new member with no claim to, or repayment of, your Qualified Service prior to termination. May rejoin as a new member only.
- **4.** If you wish to terminate your membership or you leave law enforcement, you may, upon request, receive <u>90 percent</u> of your total contributions.

FUND FINANCING

- 1. An actuarial study is required every three years for determining the soundness of the Fund and consideration of any increase in benefits as proposed by the Board Members. Any increase in benefits or changes must be recommended by the Actuary and presented to and passed by the Legislature to be enacted.
- **2.** Monies to maintain the Fund come from a cost levied against fines in the City and County courts; membership Fees; and return from investments.
- **3.** Accountability for all income and expenses Audited by State Examiners of Public Accounts.
- **4.** Available upon request is the complete Legislative Act creating the Fund.

Inquiries should be directed to:

Alabama Peace Officers Annuity & Benefit Fund P O Box 2186 Montgomery, AL 36102-2186

Physical Address: 514 South McDonough Street Montgomery, AL 36104

Telephone: 334-242-4079 or 1-888-350-4079

Fax : 334-242-4072

Website : <u>www.apoabf.alabama.gov</u>

STEPS NECESSARY TO JOIN

The Alabama Peace Officers' Annuity & Benefit Fund

- Completed application, have your signature notarized, and your employment certified by your Sheriff, Chief of Police, or Legal Appointing Authority. If your beneficiary is a <u>minor</u>; by laws governing the Fund, you must furnish in writing the name, address, and social security number of a <u>legal guardian</u> (other than yourself) who would act on the minor's behalf.
- 2. Copy of your birth certificate or current valid driver license to verify proof of birth.
- **3.** Copy of P.O.S.T. (Peace Officers' Standards & Training) Affidavit or copy of P.O.S.T. certificate.
- **4.** If your employer does not offer payroll deduction or you choose for your membership to be effective quickly, please attach a \$30.00 (effective September 1, 2015) check or money order to your application.
- **5.** If you are interested, Act 2001-1100 allows active and contributing members to repurchase qualified service time as a full time peace officer in Alabama at the full actuarial cost (based on figures to be determined by the Fund Actuary). Please contact our office if you wish to purchase this option.

FORM 1 (Rev. 2013) 334-242-4079 1-888-350-4079 fax - 334-242-4072

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ALABAMA PEACE OFFICERS' ANNUITY & BENEFIT FUND

Post Office Box 2186 (514 South McDonough Street) Montgomery, Alabama 36102-2186 www.apoabf.alabama.gov

APPLICATION FOR MEMBERSHIP

1. Full I	Name							
	(first)	(middle)	(last)	(5	sex)			
2. Hom	e Address							
	(street)	(town)		(county) (z	zip)			
	Daytime Phone Number							
	e of Birth	Date of Birt	h SS#					
NOT	E: Your date of birth must be verified	by a valid copy of your birth o	certificate or driver's licens	e included with app	lication.			
4. Prese	ently Employed by							
(Name of State Department, County, or Municipality)								
5. Date	your present employment began		Job Title					
6. By w	hom are you paid?	7. Hov	v many hours per week do y	you normally work?				
8. Nam	e of Beneficiary in case of death							
Date	e of birthS	S#	Relationship					
Bene	eficiary Address							
	If said beneficiary is a minor; by laws s	governing the Fund, you much	furnish in writing the nam	e, address and SS# o	of a lega			
	n (other than yourself) who would ac		-		-			
	Legal Guardian	Address		SS#				
	C							
	ou have legal power and authority to							
	you required to devote full working ti you serve civil process and/or other of							
	,							
12. Wh	at is your primary duty?	ral Law Enforcement, Guarding	Dricopore Joilor etc)					
	Gene	rai Law Enforcement, Guarding	g Prisoners, Jallor, etc)		<u>.</u>			
		FOR PRISON EMPLOYEES						
 Are you required by your employer to guard prisoners during all your working hours? If you have other duties in addition to guarding prisoners, list these: 								
C	OATH: I do hereby certify that the	information furnished is tru	ue and correct to the bes	st of my knowledg	e.			
Date:	Applicant'	s Signature						
	Subscribed and sworn before me	this Day	of	, 20	-			
	Notary Public Signature							
					I			
	R CERTIFICATION This is to cert							
with		as a full-time,	duly sworn peace officer, p	ossessing powers of	arrest.			
	(State Department, County, or Munici	pality)						
Date:	Signature by	·						
-	5	(Sheriff, Chief of Police, May	or, Executive Director, Com	missioner) (Tit	le)			

NOTE: An affidavit or graduation certificate from Alabama Peace Officers' Standards & Training must be included with application.