



INSTRUCTIONS:

A Group Classification Application must be submitted for each position for which a member is seeking Group Classification. The member must first complete Section A and submit the application and all attachments to the human resources department at the agency which employed them in the position for which they seek group classification.

The agency must then complete Section B and submit the application and all attachments to the Board. The complete application must be reviewed by the member's direct supervisor or the current supervisor familiar with the duties of the position being reviewed.

If you were hired prior to April 2, 2012 you can choose to pro-rate your creditable service.

- You may request all of your time to be rated the same as when you worked the last 12 months immediately preceding retirement, if you so choose.
- If you choose to have all of your time be rated, you would only have to submit one group classification.

If you were hired on or after April 2, 2012 you MUST have your creditable service pro-rated.

- If approved, at retirement a benefit calculation is completed for the pro-rated periods of Group 2 or Group 4 service and may be combined with benefit calculations for periods of other service.
- You would need to submit a separate group classification application for each position you wish to be designated as Group 2, Group 4, or 20/50 (Corrections Officers Only).

PRO-RATE EXAMPLE:

The following is an example of a member pro-rating their service.

A member **who served in both Group 2 and Group 1**, entered service **prior to April 2, 2012**, superannuation retirement with the following conditions:

Age: 60

Years of creditable service in Group 2: 10

Years of creditable service in Group 1: 20

High 36 consecutive month average of annual rate of regular compensation: \$50,000

Calculation: (Age Factor x Years of Creditable Service)(Salary Average)= Total Option A Annual Allowance

Group 2: $(.025 \times 10)(\$50,000) = \$12,500$

Group 1: $(.020 \times 20)(\$50,000) = \$20,000$

Both calculations are added together, not to exceed the maximum of 80% = \$32,500 annual benefit.

APPLICATION FOR GROUP CLASSIFICATION - PAGE 3

Member Name: _____ **SS#:** _____

SECTION B TO BE COMPLETED BY EMPLOYING AGENCY HR DEPARTMENT:

Agency: _____

Address: _____

City/State/Zip: _____

Telephone: _____

Name of Person Completing this Form: _____

Name of Direct Supervisor: _____

Member Employment History:

1. Please report dates of service rendered in your agency and positions held by the employee. You may attach additional sheets if necessary. **If the employee is not pro-rating** their service and is seeking Group Classification for their last position, **list the information for their last position and service rendered.**
If part-time, please indicate percentage of full-time employment:

Period of Employment		Years/Months of Service	Full-Time (Y/N)	Part-time %	Title/Position
From (MM/DD/YY)	To (MM/DD/YY)				

2. Has the member’s direct supervisor or a supervisor familiar with the duties of the position reviewed the documentation being submitted to the Board?
 Yes No

Please attach written documentation of member’s service dates, Form-30 job description(s), and if applicable, information including Employee Performance Review Statement (EPRS).

This application and any attachments must be reviewed by a supervisor prior to submission to the Board.

I hereby certify under the penalties of perjury that I have reviewed the contents of this application and that the above information and attachments are true and accurate.

X *Original Signature Required*

 SIGNATURE - Direct Supervisor or Current Supervisor for position being classified Date

X *Original Signature Required*

 SIGNATURE - Employing Agency HR Representative Date