District of Columbia Retirement Board (DCRB)
Benefits Department
900 7th Street, NW, 2nd Floor •Washington, DC 20001
Telephone: (202) 343-3272 • Toll Free: (866) 456-3272 • Fax: (202) 566-5001
www.dcrb.dc.gov

The Metropolitan Police Department Retirement Options Amendment Act of 2008 (the "Act")

CALCULATION REQUEST FORM

Sworn members of the District of Columbia Metropolitan Police Department and Fire and Emergency Medical Services Department may make a voluntary, one-time written election to change retirement tiers under the District of Columbia Police Officers and Firefighters' Retirement Plan. All costs associated with the change are paid by the member. The cost for an actuarial calculation is $300 per each request. A **cashier's check, certified check, or money order must be payable to Cavanaugh Macdonald Consulting, LLC.** No personal checks are accepted. Please attach a copy of your appointment personnel action along with a printout of your compensation history and complete the following information (please print or type). Please return all documents to the DCRB address listed above.

Section I: Member Information

Name: _____
First Middle Last

Address: _____
City State Zip Code

SSN: _____ Date of Birth: _____

Contact Phone Number: (____)_____ Email: _____

Original Date of Hire: _____ Adjusted Service: _____

Section II: Purchase of Service or Other Creditable Service Information (attach documentation)

Military Service: ❑ Yes ❑ No (if yes, provide a copy of your DD214)

Civil Service: ❑ Yes ❑ No (if yes, provide proof of purchase)

Section III: Current Service Information

Annual Pay Rate: $_____ Longevity Pay: $_____ Tech Pay: $_____

Rank: _____ Grade:_____ Step:_____

Current accrued sick leave balance: _____ hours Spouse's Date of Birth: _____

Current Tier: ❑ I ❑ II ❑ III Desired Tier: ❑ I ❑ II ❑ III

Anticipated Retirement Date: _____ Method of Payment: _____

Section IV: Authorization

I understand that I am responsible for all costs associated with changing my retirement tier, including the cost of the calculation. Obtaining a calculation does not obligate me to change tiers. This election does not apply to disability retirement.

_____ _____
Member Signature Date

DCRBFORMCALC-100

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