



INSTRUCTIONS TO MEMBER

Return your signed form and required documents to your Human Resources Office

Active Police Officer Members

MPD Office of Human Resources
300 Indiana Ave., NW
Room 6061
Washington, DC 20001

Active Firefighters

DC Department of Human Resources
Division of Compensation, Classification and
Benefits
441 4th Street, NW
Room 340 North
Washington, DC 20001

Please read the attached *Information Notice* before completing this form.

If you have prior military or CSRS service that may be creditable under the Plan and included in your retirement benefit calculation if you purchase the prior service, please indicate your prior service and obtain any required supporting documents to submit with this form. (The Plan allows retirement credit for certain prior service under the federal Civil Service Retirement System (CSRS) (D.C. Code § 5-704(e)(1)) and certain prior post-56 military service (D.C. Code § 5-704(h))

Once you receive your documents, please complete your form and return the form with all required documents to your Human Resources (HR) Office. Your HR Office will provide you with a copy of all your documents for your records and will transmit a copy of all your documents to DCRB. Your original form and documents will be maintained in your personnel file with your HR Office and forwarded to DCRB upon your retirement.

DCRB will review your form and documents and notify you in writing of the amount of your required deposit and your payment options within 60 to 90 days from receipt.

If you have any questions about the form or the tier change options or purchasing prior CSRS or post-56 military service, please contact DCRB at (202) 343-3272.

Instructions to Human Resources

Please provide this form to Active Members to assist DCRB in administering the retirement options act of 2008 (D.C. Code § 5-712(a-2), (a-3)). Members may make a one-time voluntary retirement tier change for purposes of optional retirement eligibility and benefit calculation if they pay the full cost for the tier change.

Upon receipt of a completed form and all required documents, please: (1) provide the Member with a copy of all documents; (2) retain the original documents in the Member's personnel file; and (3) transmit a copy of all documents to DCRB.



MEMBER INFORMATION NOTICE

The Plan allows members to make a one-time **irrevocable** election to participate in a different retirement tier (Tier 1, Tier 2, or Tier 3) for purposes of optional retirement eligibility and benefit formula. This election only applies to optional retirement and **does not** apply to disability or deferred retirement. You may make the election at any time while you are an active member prior to retirement. (The "Metropolitan Police Department Retirements Options Amendment Act of 2008" (Retirement Options Act), D.C. Law 17-224 (9/11/08); D.C. Code § 5-712(a-2), (a-3))

If you choose to change your optional retirement tier, please note that the following:

- For Tier 1, a member must have 20 years of police/fire service to be eligible to retire. The optional retirement benefit formula is:
 - 2.5% x average base pay x police/fire service through 20 years
 - 3% x average base pay x police/fire service after 20 years
 - 2.5% x average base pay x years of other creditable service
- For Tier 2, a member must have 25 years of service and be at least 50 years old to be eligible to retire. The optional retirement benefit formula is:
 - 2.5% x average base pay x police/fire service through 25 years
 - 3% x average base pay x police/fire service after 25 years
 - 2.5% x average base pay x years of other creditable service
- For Tier 3, a member must have 25 years of service to be eligible to retire. The optional retirement benefit formula is:
 - 2.5% x average base pay x years of total creditable service

Upon transferring from one tier into another, all police/fire service you have completed up to the point of transfer is used toward your retirement eligibility.

By electing a tier change, you are agreeing to pay for the full actuarial cost (which includes employer contributions) for the change: the value of expected benefits in terms of the amount of money the District of Columbia Police Officers and Firefighters' Retirement Fund ("Retirement Fund") must have on hand today to pay for retirement benefits in the future. You are also responsible for any associated administrative costs

The deposit amount required to complete a tier change may be in one lump-sum payment (including rollover contributions from an eligible retirement plan (e.g., the District's 457(b) plan or an IRA), monthly installments via post-tax salary deductions, increased employee contributions or a reduced annuity. If you completed your tier change purchase or began your purchase and you leave employment prior to retirement, your tier change election will be voided and your deposit(s) will be refunded. If you are reinstated to MPD/FEMS, you may make a new election for a tier change.

Upon receipt of your Tier Change Calculation Request Form and all supporting documents, your Human Resources Office will forward the information to DCRB for review and a calculation. DCRB will notify you of your required deposit amount and payment options. Review of your information may take approximately sixty (60) to ninety (90) days from the date of receipt.

Please see dcrb.dc.gov or call DCRB at (202) 343-3272 for more information



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

TIER CHANGE CALCULATION REQUEST FORM

Sworn members of the District of Columbia Metropolitan Police Department and Fire 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 (the "Plan"). Please return your signed form and all required documents to your Human Resources Office.

Section I: Member Information

Name: First Middle Last

Address: City State Zip Code

Last 4 Digits of Social Security Number: Date of Birth:

Phone Number: Email Address:

Section II: Other Creditable Service Information

If you have prior military service and/or CSRS service which may be credited towards your retirement benefit under the Plan, please indicate and attach requested documentation.

Prior Military Service: Yes No (if yes, please provide a copy of your DD-214)
Prior CSRS Service: Yes No

Section III: Current Tier Information

Current Tier: I II III Elected Tier: I II III

Anticipated Retirement Date(s):

Section IV: Signature and HR Acknowledgement

I have read and understand the "Information Notice". I understand that I am responsible for all costs associated with changing my retirement tier, including required employee and employer contributions and administrative costs. Obtaining a calculation does not obligate me to change tiers. I further understand that any elected tier change only applies if I retire under optional retirement. My election is void if I retire under disability or deferred retirement.

Member Signature

Date

To be completed by Human Resources:

Is the member a rehire? Yes No (if yes, please provide original hire date)

Date Received by HR: Name of HR Official:

Date of Hire: Transmittal Date to DCRB: