

**LEXINGTON-FAYETTE URBAN COUNTY GOVERNMENT
POLICEMEN'S & FIREFIGHTERS' RETIREMENT FUND**

REQUEST FOR SERVICE TIME PURCHASE CALCULATION

I would like request a calculation be made of the approximate cost to purchase additional service time in the amount indicated below.

I would like my purchase of service to be calculated with a purchase date of (at least 60 days from current date): _____

The amount of time I would like to purchase: [maximum 4 years (48 months)] _____

If married, my spouse's date of birth is: _____

I understand that the cost to purchase service time calculated will be an approximation and may change based on the actual date of purchase and other variables. In addition, the amount may be different if I am eligible to use accumulated sick time to increase my service time.

Member Name (Please Print)

Employee Id #

Member Signature

Date

Received By

Date