

**SWORN LAW ENFORCEMENT OFFICERS' SPECIAL SEPARATION ALLOWANCE
VERIFICATION AND INFORMATION FORM**

Name: _____ Employee #: _____
Address: _____ Telephone #: _____
_____ Date of Birth: _____

I affirm that my retirement date is, or is expected to be _____
and, at the time of my retirement, my age will be _____ and that I will become
62 years of age on _____.

I understand that it is my responsibility or, in the event of my death, the
responsibility of my surviving spouse, beneficiary or estate administrator, to
inform the Atlantic Beach Human Resources Department of any circumstance that
may affect my eligibility to receive this Special Separation Allowance within five
days of the event.

I understand and agree that any overpayment resulting from a failure to notify the
Atlantic Beach Human Resources Department of any circumstance affecting my
eligibility will be reimbursed to Atlantic Beach.

I further understand and agree that I may be required to re-certify my eligibility
periodically by completing and returning this, or a similar Special Separation
Allowance Verification Form, provided to me by the Atlantic Beach Human
Resources Department.

Benefit Calculation: In Accordance With N.C. General Statute 143-166.41(a).

Base Annual Salary \$ _____ X .0085 = \$ _____

X Creditable Years of Service _____
= Annual Separation Allowance \$ _____
÷ 26 = Gross Bi-Weekly Benefit \$ _____

Note: Your gross monthly benefit is subject to all standard deductions, such as,
FICA, Federal and State Income Tax and you will be issued a W-2 in January
following any year in which you received the Special Separation Allowance. The
payment will be made bi-weekly on the "regular pay day" for active Town
employees.

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Eligibility Requirements:

1. Must have completed five (5) years of continuous service as a sworn law enforcement officer immediately preceding your application for retirement.

Yes No (Must answer Yes to qualify); **and,**

2. Have completed 30 or more years of creditable service, Yes No; **or**

3. Have attained 55 years of age and completed five (5) or more years of creditable service; Yes No; **and**

4. Have not attained 62 years of age Yes No (Must answer Yes to qualify).

“Creditable Service” means the service for which you received credit within the retirement system, provided that at least fifty percent (50%) of the service was as a law enforcement officer as defined in N.C.G.S. 143-166(a)(3).

Benefit Termination:

Your Special Separation Allowance payments will stop at the first occurrence of:

1. Your death; or

2. The last day of the month in which you attain 62 years of age; or

3. The first day that you become re-employed, in any capacity, with a position eligible to participate in the North Carolina Local Governmental Employees Retirement System.

Once a separation allowance is terminated due to re-employment, it will not be reinstated. The Town of Atlantic Beach will not entertain individual requests for waiver of this policy.

ACKNOWLEDGEMENT:

I have read, understand and agree to comply with the statements contained within the Law Enforcement Officers' Special Separation Allowance Verification and Information Form.

Your Signature

Date

Human Resources Representative

Date