

# Public Safety Employee Certification

(to be completed by City Official of last employing City)



## MEMBER INFORMATION • Please type or use only black ink and do not highlight. Any corrections must be initialed.

Member's Name (first, middle, last)

Social Security Number

Employing City

TMRS Identification Number (Not Required)

### **The purpose of this form is to certify the status of your former employee as a Public Safety Employee.**

The Pension Protection Act waives the 10% tax on early withdrawals made to “qualified public safety employees” who separate from service during or after the year they attain age 50. The Internal Revenue Service defines “qualified public safety employee” as “any employee of the State or political subdivision of a State whose principal duties include services requiring specialized training in the area of police protection, fire-fighting services, or emergency medical services for any area within the jurisdiction of such State or political subdivision.” TMRS will use this information to accurately complete the member’s Form 1099-R.

Please confirm below the status of the former employee named above and return this form to TMRS.

### **CITY CERTIFICATION** (to be completed by last employing city)

I hereby certify that the above named member was an employee of the city and provided the services indicated below as of the date of termination of employment (please check one):

Police protection     Fire-fighting services     Emergency medical services

Signature of City Official

Date Signed (MM/DD/YYYY)

Printed Name and Title

City Name

