



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

Name: _____ Employee Number: _____

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 Town of Emerald Isle Town Clerk / Human Resources Representative of any circumstance that may affect my eligibility to receive this Special Separation Allowance. I further understand and agree that any overpayment resulting from a failure to notify the Town of Emerald Isle Town Clerk / Human Resources Representative of any circumstance affecting my eligibility will be reimbursed to the Town of Emerald Isle.

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 Town of Emerald Isle.

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 bi-weekly 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 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 employed, in any capacity, by another North Carolina Local Governmental Employees Retirement System employer in any capacity. *

* (Notwithstanding the provision of subdivision (3) of this subsection, local government employer may employ retired officers in a public safety position in a capacity not requiring participation in the Local Governmental Employees Retirement System, and doing so shall not cause payment to cease to those officers under the provision of this section. A local government “employer” under GS 143-166.42 is understood to be an employer that is eligible to participate in the Local Government Employee’s Retirement System.

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

Today’s Date

Town Clerk/Human Resources Representative

Today’s Date