



## 1977 FUND INTENT TO HIRE

State Form 53075 (R2 / 1-24)

**INDIANA PUBLIC RETIREMENT SYSTEM  
1977 POLICE OFFICERS' & FIREFIGHTERS'  
PENSION & DISABILITY FUND**  
**ATTN: EMPLOYER ADVOCATE TEAM**  
One North Capitol Avenue, Suite 001  
Indianapolis, IN 46204-2014  
Telephone: (888) 876-2707 (Toll-free)  
Fax: (317) 974-1616  
E-mail: [eppa@inprs.in.gov](mailto:eppa@inprs.in.gov)  
Web site: [www.inprs.in.gov](http://www.inprs.in.gov)

\* This agency is requesting disclosure of Social Security Numbers in accordance with Internal Revenue Code 3405; disclosure is mandatory, and this form cannot be processed without it.

### INSTRUCTIONS

1. Complete and return this form if you are a participating 1977 Fund unit that intends to hire a police officer or firefighter who has separated employment from another participating 1977 Fund unit **no more than 180 days** (6 months) prior to their hire date with your unit (per [IC 36-8-8-7](#)).
2. List only one 1977 Fund member (applicant) per form.
3. Type or print using black ink.
4. This completed, signed, and dated form may be faxed, mailed, or delivered to the lobby of INPRS at the address indicated on this form. The agency is closed on weekends and holidays, including all State-designated holidays.
5. Questions? E-mail INPRS at [eppa@inprs.in.gov](mailto:eppa@inprs.in.gov) or call customer service, toll-free, at (888) 876-2707.

### APPLICANT INFORMATION

Applicant name	Social Security Number ( <i>last 4 digits</i> )*	Pension ID (PID) number
----------------	--	-------------------------

### SUBMISSION UNIT INFORMATION

Submission unit name	Submission unit ID#	Intended hire date ( <i>Exact date is required</i> )
Submission unit contact name ( <i>Printed</i> )	Submission unit contact title ( <i>Clerk Treasurer, Chief, or Pension Secretary</i> )	
Submission unit contact signature	Date ( <i>mm/dd/yyyy</i> )	