

# Member Form for Election of a Pension System

*This form applies only to active members of a department who has filed a resolution for partial-entry into the FPPA Defined Benefit System.*

## Background

- Senate Bill 06-039 authorized the Fire and Police Pension Association to accept a resolution for a partial department entry in to the FPPA Defined Benefit System which includes the Statewide Hybrid Plan.
- Your Employer has filed a partial entry resolution with the FPPA Board stating its intent to cover Members of its Money Purchase Plan under the FPPA Defined Benefit System. **If at a future date, your department pursues a full entry affiliation, members who remain in the local money purchase plan at this time may be given a future opportunity to make a plan choice.**
- As an active member in the Department's Local Money Purchase plan, you have the option of either:
  - ✓ continuing participation in the **Local Money Purchase Plan, OR**
  - ✓ electing coverage under the **FPPA Defined Benefit System.**
- If you elect coverage under the **FPPA Defined Benefit System**, you will then have the choice of one of the following three pension plans:
  1. The Statewide Defined Benefit Plan
  2. The Statewide Hybrid Plan (offering a Defined Benefit Component and a Money Purchase Component.)
  3. The Statewide Hybrid Plan (offering a Money Purchase Component only).

*(An additional form will be provided for you to make your specific pension plan election within the FPPA Defined Benefit System.)*

## Action

1. Before you sign this form, you should review the information provided to you in the Disclosure Statement. This statement discloses the main plan provisions offered under each plan.
2. This completed and signed form should be mailed or hand delivered to:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

- ✓ Once you sign and return this form, your decision is final and cannot be changed.
- ✓ Your irrevocable selection must be post marked or hand delivered no later than \_\_\_\_\_.
- ✓ If you do not sign and file this form you will remain in the Department's Local Money Purchase Plan.

I have read and understand the disclosure statement provided to me and have read and understand this form.

I hereby elect coverage under the provisions of the Employer's **Local Money Purchase Plan.**

Signature \_\_\_\_\_

Date \_\_\_\_\_

Name (print) \_\_\_\_\_

SSN \_\_\_\_\_

Employer/Dept \_\_\_\_\_

Witness Signature \_\_\_\_\_

I have read and understand the disclosure statement provided to me and have read and understand this form.

I hereby elect coverage under the provisions of the **FPPA Defined Benefit System.**

Signature \_\_\_\_\_

Date \_\_\_\_\_

Name (print) \_\_\_\_\_

SSN \_\_\_\_\_

Employer/Dept \_\_\_\_\_

Witness Signature \_\_\_\_\_