

Member Irrevocable Selection of FPPA Defined Benefit System Pension Plan

For Members formerly covered by a Local Money Purchase Plan - Partial Entry

Sections 31-31-1101 & 1103, Colorado Revised Statutes, as amended, provides for an employer who has established a local money purchase plan to cover the existing members in the money purchase plan under the FPPA Defined Benefit System.

Your employer has provided the Fire and Police Pension Association with a resolution stating its intent to cover some or all of its members in the local money purchase plan and all members hired on or after the effective date of _____ in the FPPA Defined Benefit System.

Per the resolution filed by your employer, you were given the option to discontinue coverage under the local money purchase plan to elect coverage under the FPPA Defined Benefit System. According to the Member Election of Pension System Form, you elected to be covered by the FPPA Defined Benefit System.

As a result, it has become necessary for you, as a member, to make an irrevocable selection to become covered under one of the following plan tiers offered as part of the FPPA Defined Benefit System:

- The Statewide Defined Benefit Plan,
- The Statewide Hybrid Plan (Defined Benefit Component and Money Purchase Component), or
- The Statewide Hybrid Plan – Money Purchase Component (only).

✓ **Before making your election, you should consider the fact that once you sign and file this form, your decision is final and cannot be changed.**

✓ **If you do not sign and file this form you will have elected Statewide Hybrid Plan – Money Purchase Component.** However, it is to your advantage to sign and file this form.

Your irrevocable selection must be made and this form returned to _____ no later than _____.

STATEWIDE DEFINED BENEFIT PLAN

<input type="checkbox"/> I have read and understand the member election provision of the Statewide Hybrid Plan Rules and Regulations, Article 2.02. I have read and understand the Disclosure Statement provided to me and have read and understand this form. I hereby select coverage under the provisions of the Statewide Defined Benefit Plan at a contribution rate of _____ of base salary that shall be split _____ member and _____ employer.* I understand the member contribution will increase by 1/2 of 1% until 2022. *Contribution rates are subject to change as allowed by state law.	NAME (PRINT)	SS #
	SIGNATURE	DATE
	EMAIL	EMPLOYER
	WITNESS SIGNATURE	

STATEWIDE HYBRID PLAN

<input type="checkbox"/> I have read and understand the member election provision of the Statewide Hybrid Plan Rules and Regulations, Article 2.02. I have read and understand the Disclosure Statement provided to me and have read and understand this form. I hereby select coverage under the provisions of the Statewide Hybrid Plan (Defined Benefit Component and Money Purchase Component) at a contribution rate of _____ of base salary that shall be split _____ member and _____ employer.	NAME (PRINT)	DATE
	SIGNATURE	SS #
	EMAIL	EMPLOYER
	WITNESS SIGNATURE	

STATEWIDE HYBRID PLAN - MONEY PURCHASE COMPONENT ONLY

<input type="checkbox"/> I have read and understand the member election provision of the Statewide Hybrid Plan Rules and Regulations, Article 2.02. I have read and understand the Disclosure Statement provided to me and have read and understand this form. I hereby select coverage under the provisions of the Statewide Hybrid Plan – Money Purchase Component only at a contribution rate of _____ of base salary that shall be split _____ member and _____ employer.	NAME (PRINT)	DATE
	SIGNATURE	SS #
	EMAIL	EMPLOYER
	WITNESS SIGNATURE	