



Fire and Police Pension Association  
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 Greenwood Village, Colorado 80111  
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 www.fppaco.org

## LOCAL DEFINED BENEFIT PLAN - NOTIFICATION OF NEW RETIREE

**Dear Employer:**

This form is being provided so that you may properly notify the Fire and Police Pension Association of a new retiree from your local plan. Since all plans are different, this form is provided only as a guideline to the information needed by FPPA to set up a new retiree. Complete the form as noted below and return to FPPA.

**This is not a retirement application. Each employer should develop its own retirement application tailored to the provisions of its local plan.**

**INSTRUCTIONS:**

Which type of retirement has been awarded? **Fill in** or **check one** below.

- \_\_\_\_\_ % NORMAL RETIREMENT BENEFITS. Complete Parts A, C, D, and E of this form.
- \_\_\_\_\_ % DISABILITY RETIREMENT BENEFITS. Complete Parts A, C, D, and E of this form.
- \_\_\_\_\_ % DROP BENEFITS. (retirement % only) Complete Parts A, D and E of this form.
- \_\_\_\_\_ EARLY/VESTED RETIREMENT BENEFITS. Complete Parts A, C, D, and E of this form.
- \_\_\_\_\_ SURVIVOR BENEFITS. Complete Parts B, C, and E of this form.
- \_\_\_\_\_ LUMP SUM DISTRIBUTION. Complete Parts A, D and E of this form.

### PART A: MEMBER & SPOUSE INFORMATION

Member's Last Name <i>(please print)</i>	First	Initial
Member's Mailing Address		Apt. #
City	State	Zip
Member's Email Address	Member's Social Security # _____ / _____ / _____	
Member's Home Phone ( _____ ) _____ - _____	Member's Birth Date _____ / _____ / _____ <i>(mo / day / yr)</i>	
Spouse's Last Name	First	Initial
Spouse's Social Security # _____ / _____ / _____		
Spouse's Birth Date <i>(mo / day / yr)</i> _____ / _____ / _____		

**PART B: SURVIVOR BENEFITS ONLY**

Survivor's Last Name \_\_\_\_\_ First \_\_\_\_\_ Initial \_\_\_\_\_

Survivor's Mailing Address \_\_\_\_\_ Apt. # \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Survivor's Social Security # \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Survivor's Home Phone ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_

Survivor's Birth Date \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ (mo / day / yr) Survivor's Email Address \_\_\_\_\_

Date of Survivor's First Monthly Benefit Payment \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ (mo / day / yr)

Deceased Member's Last Name \_\_\_\_\_ First \_\_\_\_\_ Initial \_\_\_\_\_

Deceased Member's Social Security # \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Date of Death\* (mo / day / yr) \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Pay Deceased Member's Benefit through (mo / day / yr) \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

*\*Please attach a copy of the deceased member's death certificate to this form.*

**PART C: DEDUCTIONS**

FPPA may deduct federal and Colorado state tax, group insurance premiums, and/or payments to certain associations. Please indicate below which, if any, deductions the member would like made.

- 1) **Federal Tax Withholding:** Will be deducted according to what is authorized on W-4P. *(Please attach)*
- 2) **Direct Deposit:** Will be deposited according to what is authorized on Electronic Funds Transfer/Direct Deposit form. *(Please attach)*

**3) Group Insurance**

Type Name of Carrier	Effective Date of Coverage*	Premium of Deduction	Amount
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

\* Single, two-party, family, medicare

- 4) **Attach a copy of insurance application(s) signed by Member OR Survivor.**

*(Deductions continued on next page)*

(Deductions continued)

4) Police/Fire Association

Name	Effective Date of Deduction	Amount
_____	_____	_____
_____	_____	_____
_____	_____	_____

**PART D: PAYROLL**

Department - (Police/Fire/Fire Protection District) \_\_\_\_\_ Contact Name \_\_\_\_\_

Mailing Address \_\_\_\_\_ Phone Number \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Member's Date of Hire      month    day    year  
                                      \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Member's Last Day on Payroll    \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Member's Benefit Start Date    \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Annual Base Salary (including longevity)      \$ \_\_\_\_\_

Amount of the Member's Total *before tax* Contributions    \$ \_\_\_\_\_

Amount of the Member's Total *after tax* Contributions    \$ \_\_\_\_\_

Total Amount of Contributions Made by Member      \$ \_\_\_\_\_

Is this the final contribution total?     Yes     No

Member's Rank \_\_\_\_\_

Member's Service Credits *Prior to 1/1/80* - \_\_\_\_\_ Years / \_\_\_\_\_ Months

*After 1/1/80* - \_\_\_\_\_ Years / \_\_\_\_\_ Months

(Payroll continued on next page)

(Payroll continued)

Age and service requirements for normal retirement under local plan:

Number of years service required \_\_\_\_\_

Age requirement (if none, use N/A) \_\_\_\_\_

Age and service requirements for early retirement under local plan:  
(complete only if member is applying for early retirement)

Number of years service required \_\_\_\_\_

Age requirement (if none, use N/A) \_\_\_\_\_

Does your plan have a Deferred Retirement Option Plan (DROP) provision?  Yes  No

**PART E: EMPLOYER CERTIFICATION**

Under the local police or fire pension plan, the member identified in Part A or Part B is to receive a monthly benefit of \$ \_\_\_\_\_

Is the benefit to be prorated for a partial month?  Yes  No If yes, prorated amount \$ \_\_\_\_\_

Date benefit approved by local Board of Directors (mo / day / yr) \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

\_\_\_\_\_  
Name of Authorized Personnel (please print)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Authorized Personnel