



Supplemental Retirement Program (SRP) Request

The _____ Fire Department Local Relief Fund Board requests approval of a Supplemental Retirement Program (SRP) for retirees of the Department based upon the following information and format.

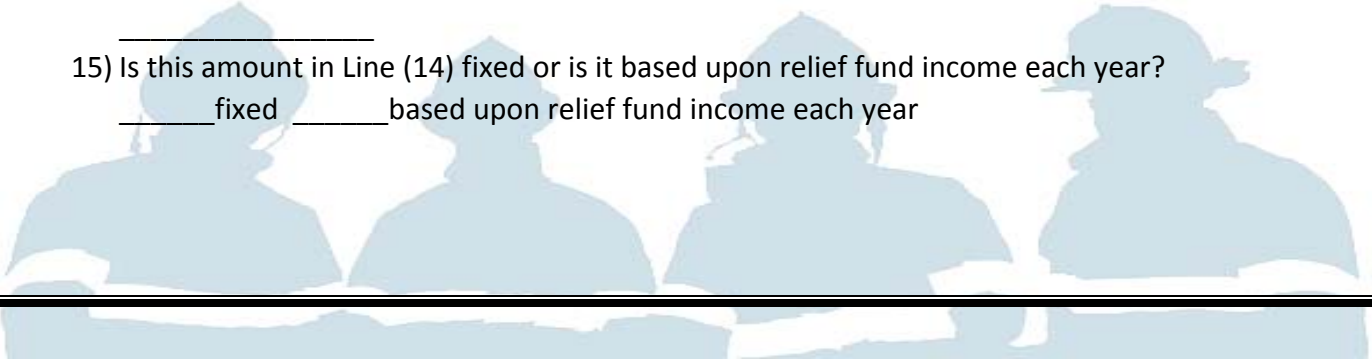
Is this a new request____; a request for change ____; or documentation of existing program____?

- 1) Fire Department Name

- 2) Has the Local Relief Fund Board Reviewed and approved the request for this SRP?
____yes ____no
- 3) Date approved by the Local Relief Fund Board ____/____/____
- 4) Your Departments relief fund recommended minimum, or number of Firefighters on the Department Roster _____ multiplied by \$500.00 = _____
- 5) Your Departments relief fund allowable maximum, or number of Firefighters on the Department Roster _____ multiplied by \$2,500.00 = _____
- 6) What is your current Relief Fund Balance? _____
- 7) Does your current relief fund balance in Line (6) exceed your recommended minimum amount identified in Line (4)? ____yes ____no
- 8) What is the average annual income for your local relief fund during the last 5 years including receipts and interest? _____
- 9) How many years of service are required for members to obtain supplemental benefits?

- 10) Does a retiree receive a set benefit amount or is the benefit amount based on years of service? Years of Service _____ Set benefit _____
- 11) What is the age that retirees will be eligible for the benefit? _____ Is retirement from the department required before the benefit? ____ yes ____ no
- 12) How many retirees currently meet the required service in time and age? _____ How many retirees will be eligible for the benefit in 5 years? _____ How many in 10 years? _____
- 13) Are the total years of service required on this department or does any fire service experience count? ____department only ____any service
- 14) How much is the anticipated or estimated average benefit annually per retiree?

- 15) Is this amount in Line (14) fixed or is it based upon relief fund income each year?
____fixed ____based upon relief fund income each year





- 16) If the benefit amount in Line (14) is paid to all eligible retirees for five years of service, will the local relief fund balance still exceed the recommended minimum identified in Line (4)?
_____ yes _____ no
- 17) Does the current number of retirees multiplied by the anticipated benefit in Line (14) exceed the total average annual income listed in Line (8)? _____ yes _____ no
- 18) Will the number of retirees in 5 years multiplied by the anticipated annual benefit exceed Line (6)? _____ yes _____ no

Please provide a copy of your current roster with anticipated eligibility dates for retirement for each individual.

Please provide a written explanation of your proposed program:

