

**Section 3 provides information regarding enrolling a new member and the Department Chief Exemption. When hiring a new member, regardless if you consider the new member to be permanent or probationary, new member forms must be filed with FPPA.**

**With the exception of the Statewide Standard Health History Form, new member forms are located under the Employer Tab on the FPPA website, [www.FPPAco.org](http://www.FPPAco.org). The Statewide Standard Health History Form is available on the Employer Portal when the employer logs in, or contact FPPA for a form. All forms should be completed prior to the member's first work shift and submitted to FPPA.**

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### A. Chart of Retirement Plans and Forms Required for New Members

The forms required for new employees vary depending upon the retirement plan offered by the employer/department. The following chart indicates which forms are required for members in each retirement plan.

Plan Name	Form Name ➤	1	2	3	4	5
		Statewide Standard Health History Form	Membership Form For the SWDB or SWH-DB and MP	Social Security Form SSA-1945	Membership Form For the SWMP or SWH – MP Only	Death & Disability Benefits Eligibility Form
<b>SWDB</b>	Statewide Defined Benefit Plan	X	X	X		
<b>SWH-DB&amp;MP</b>	Statewide Hybrid Plan – Defined Benefit & Money Purchase Component	X	X	X		
<b>SWH-MP Only</b>	Statewide Hybrid Plan – Money Purchase Component Only	X		X	X	
<b>SWMP</b>	Statewide Money Purchase Plan	X		X	X	
<b>SWD&amp;D-LOCAL MP</b>	Local Money Purchase Plan	X				X On Page 4.
<b>SWDB-SS</b>	Social Security Supplemental Retirement Plan		X			
<b>SWDB-SS</b>	Social Security Supplemental Retirement					
<b>SWD&amp;D-SS</b>	AND Social Security Supplemental Death & Disability Plan	X	X			
<b>SWMP</b> <b>SWD&amp;D</b>	Part-time Police Officer or Firefighter in the Statewide Money Purchase Plan & Statewide Death & Disability Plan	X		X	X	
<b>SWDB</b>	Full-time Clerical Members in the Statewide Defined Benefit Plan		X	X		
<b>SWH-DB&amp;MP</b>	Full-time Clerical Members in the Statewide Hybrid Plan - Defined Benefit & Money Purchase Component		X	X		
<b>SWMP</b>	Full-time Clerical Members in the Statewide Money Purchase Plan			X	X	
<b>SWMP</b>	Part-time Clerical Members in the Statewide Money Purchase Plan			X	X	

## B. Description of Forms

### 1 Statewide Standard Health History Form

This form details an employee's health and medical history. All members covered by the Statewide Death & Disability Plan must complete and sign the form **within 30 days after their first day of employment**.

The employer should send the original form to FPPA within 60 days of the commencement of employment.

**Failure by the employer to timely file a fully completed Statewide Health History Form with FPPA may result in the employer being liable for payment of benefits should a member die or become disabled because of a disability or medical condition the member had at the time of hire.**

### 2 Membership Form

*for members in the Statewide Defined Benefit Plan (SWDB) or the Statewide Hybrid Plan – Defined Benefit and Money Purchase Components (SWH-DB & MP).*

The information submitted on the Membership Form establishes the member record on the FPPA database. The form asks for basic information such as name, address, employer and beneficiary designation. (Generally, this beneficiary designation is only applicable if benefits are **not** payable from the SWD&D Plan.) A new Membership Form should be completed and filed with FPPA when the member changes his/her name, address or beneficiary for the SWDB Plan or the SWH Plan - Defined Benefit Component.

The employer should keep a photocopy of the form, and send the original to FPPA.

### 3 Social Security Form SSA-1945

Section 419(c) of Public Law 108-203, the Social Security Protection Act of 2004 requires State and local government employers to disclose the effect of the Windfall Elimination Provision and the Government Pension Offset to employees hired on or after January 1, 2005, in jobs not covered by Social Security. The statement explains how a pension from that job could affect future Social Security benefits to which they may become eligible.

**Employers must:**

- Give the statement to the employee prior to the start of employment
- Get the employee's signature on the form, and
- Submit a copy of the signed form to FPPA

### 4 Membership Form

*for members in the Statewide Money Purchase Plan (SWMP) or the Statewide Hybrid Plan – Money Purchase Component Only (SWH – MP Only).*

This form asks for basic information such as name, address, and employer. The information submitted on the Membership Form establishes the member record on the FPPA database.

The employer should keep a photocopy of the form, and send the original to FPPA.

SWDB

SWH-DB&MP

SWMP

SWH-MP Only

The image shows a form titled "FPPA Death & Disability Benefits Eligibility Form". It contains various fields for personal information, employment details, and a section for the employer's resolution. A blue box with the text "SWD&D-LOCAL MP" is overlaid on the bottom left of the form.

## 5 Death & Disability Benefits Eligibility Form

Departments covered by a local money purchase plan and the FPPA Statewide Death & Disability Plan use this form. This form asks for basic information such as name, address, and employer.

The employer should keep a photocopy of the form, and send the original to FPPA.

## C. Part-Time Employees

### Part-Time Police Officers or Firefighters

Employers whose full-time members participate in the SWDB Plan and the SWD&D Plan or the SWMP Plan and the SWD&D Plan, may elect to cover police officers and firefighters working less than 1,600 hours in a calendar year, but who otherwise qualify as members, in the SWMP Plan and the SWD&D Plan administered by FPPA.

Covered part-time employees only include permanent employees that are regularly scheduled to work each month, and do not include temporary or seasonal employees or intermittent employment.

If a department files a resolution to cover part-time employees, then all future part-time employees shall be covered by the plan. For a sample resolution, please refer to the FPPA web site [www.FPPAco.org](http://www.FPPAco.org) then click on the Employer Tab. For more information, please refer to FPPA Rules Section 611 or contact FPPA.

### Part-Time Clerical Employees

Fire Protection Districts, Fire Authorities, and County Improvement Districts whose full-time firefighters are in the SWDB Plan, may elect to cover part-time clerical employees, whose services are auxiliary to fire protection, in the SWMP Plan.

If a department files a resolution to cover part-time employees, then all future part-time, clerical employees shall be covered by the SWMP. For a sample resolution, please refer to the FPPA website [www.FPPAco.org](http://www.FPPAco.org) then click on the Employer Tab. For more information, please refer to FPPA Rules Section 611, or contact FPPA. The FPPA Rules and Regulations can be found on the FPPA website.

## D. Full-Time Clerical Employees

Fire Protection Districts, Fire Authorities or County Improvement Districts providing fire protection services whose members participate in the SWDB Plan, Statewide Hybrid Plan or the SWMP Plan, may elect coverage for full-time clerical or other personnel whose services are auxiliary to fire protection under the department pension plan.

One exception applies, if a departments' clerical or other personnel participate in PERA, the department may not elect coverage for these employees under FPPA.

If a department files a resolution to cover clerical employees, then all future full-time clerical employees shall be covered by the plan. For a sample resolution, please refer to the FPPA website [www.FPPAco.org](http://www.FPPAco.org) then click on the Employer Tab. For more information, please refer to FPPA Rules Section 612, or contact FPPA. The FPPA Rules and Regulations can be found on the FPPA website.

## E. Hiring a Former FPPA Retiree

**If you are hiring a member who is returning to work after retiring from your department or another FPPA employer, please call FPPA immediately for this may affect the member's retirement benefit.** For more information regarding an FPPA retired member returning to work, please refer to Section 311 of the FPPA Rules and Regulations. The FPPA Rules and Regulations can be found on the FPPA website

## F. Information Changes for Active Members

Changes to an active member's name, address, or employment status (leaves, terminations, etc.), should be submitted, by the employer, to FPPA through the Employer Reporting System payroll header. When the payroll header is submitted to FPPA and processed, the member information is updated.

## G. Department Chief Exemption from SWDB Plan or the SWH – DB and MP Plan

**Please notify FPPA immediately if your department has a new chief, whether he/she is a new hire or has attained the position through a promotion.**

### Who It Applies To

The Department Chief Exemption only applies to the chief of a department whose new hires are covered by the Statewide Defined Benefit Plan (SWDB) or the Statewide Hybrid Plan – Defined Benefit and Money Purchase Component (SWH – DB and MP).

The Department Chief Exemption does **not** apply to the chief of a department affiliated for the supplemental retirement benefits under the SWDB Plan (SWDB- SS).

### Time Limit for the Chief to Opt Out

The department chief has **180 days** from his/her appointment to the position of department chief to elect to be exempt from the department pension plan and may choose an alternative pension plan. If the chief elects to be exempt, within 180 days of his/her appointment to the position of department chief, FPPA will transfer all member and employer contributions made to the department plan to the alternate plan on his/her behalf. Rule 102.02.01

### Pension Plan Options if a Chief Elects to Opt Out of the Departments' Plan

#### 1. For departments covered by the Statewide Defined Benefit Plan (SWDB)

The chief will initially be enrolled in the SWDB Plan; however, the chief may elect to participate in one of the following plans in lieu of the SWDB Plan:

- a. The Statewide Hybrid Plan – Defined Benefit and Money Purchase Components (SWH-DB and MP)
- b. The Statewide Hybrid Plan - Money Purchase Component Only (SWH- MP)
- c. The Statewide Money Purchase Plan (SWMP), or
- d. An alternate pension plan not offered by FPPA\*

*\* Social Security and PERA are examples of alternate pension plans not offered by FPPA*

If the chief makes no election within 180 days, he/she shall be a member in the SWDB Plan.

#### 2. For departments covered by the Statewide Hybrid Plan- Defined Benefit and Money Purchase Component (SWH – DB and MP)

The chief will initially be enrolled in the SWH – DB and MP Plan, however the chief may elect to participate in one of the following plans in lieu of the SWH – DB and MP Plan:

- a. The Statewide Defined Benefit Plan (SWDB)
- b. The Statewide Hybrid Plan - Money Purchase Component Only (SWH-MP)

- c. The Statewide Money Purchase Plan (SWMP), or
- d. An alternate pension plan not offered by FPPA\*

\* *Social Security and PERA are examples of alternate pension plans not offered by FPPA.*

If the chief makes no election within 180 days, he/she shall be a member in the SWH – DB and MP Plan.

#### **Forms for the Department Chief Exemption**

##### **IMPORTANT**

Although the chief does have the option to opt into another pension plan, he/she must initially be enrolled in the department's plan for all new hires (SWDB Plan or SWH – DB and MP Plan). Enrollment forms must be completed and sent to FPPA. Contributions must be submitted until FPPA receives official "Chief Election" paperwork.

- **If the chief is a new hire to the department**, the following forms should be filed with FPPA.
  - *Statewide Defined Benefit/Statewide Hybrid Plan Membership Form*
  - *Statewide Standard Health History Form*
  - *Social Security Form SSA – 1945*
- **If a member is promoted to the chief position**, the above forms **DO NOT** need to be completed. (The member completed these forms when he/she was first hired.)

If a chief elects to opt out of the SWDB Plan (or the SWH – DB and MP) and the chief elects one of the following plans:

Statewide Money Purchase Plan

Statewide Hybrid Plan – Defined Benefit and Money Purchase Components, or

Statewide Hybrid Plan - Money Purchase Component Only

Then, file the following forms with FPPA.

1. *Department Chief Election Agreement*
2. *Membership Form*
3. *Statewide Standard Health History Form*
4. *Form SSA-1945*

If the chief elects to opt out of the department's plan and elects an alternate pension plan not offered by FPPA, file the following forms with FPPA.

1. *Department Chief Election Agreement*
2. *Department Chief Exemption Form*

If the chief meets the requirements for eligibility, he/she will be covered by the Statewide Death & Disability Plan, **unless** the chief elects to be covered by PERA or Social Security. If the chief elects to be covered by PERA or Social Security, the chief will not be covered by the SWD&D Plan.

## H. Definition of a Member

An employee is considered a member of FPPA when they meet the definition of Member, which is defined in *Statute 31-31-102 of the Colorado Revised Statutes* as:

“Member” means an active employee who is a full-time salaried employee of a municipality, fire protection district, fire authority, or county improvement district normally serving at least one thousand six hundred hours in any calendar year and whose duties are directly involved with the provision of police or fire protection, as certified by the member’s employer.

“Member” also includes an active employee who works less than sixteen hundred hours per year but otherwise qualifies as a member and whose employer elects to treat all such other similar employees as members.

The term does not include clerical or other personnel whose services are auxiliary to police protection, or any volunteer firefighter, as such term is defined in *C.R.S. 31-30-1102 (9)*.

For the purpose of participation in the statewide defined benefit plan pursuant to part 4 of this article or the statewide money purchase plan pursuant to part 5 of this article, but not for the purpose of participation in the statewide death and disability plan pursuant to part 8 of this article, the term may include clerical or other personnel employed by a fire protection district, fire authority, or county improvement district, whose services are auxiliary to fire protection.

For the purpose of eligibility for disability or survivor benefits, “member” includes any employee on an authorized leave of absence.

*This document is intended to be a plain language overview of FPPA administered plans and procedures. It should be used in conjunction with the applicable FPPA Rules and Regulations, plan documents and the Colorado Revised Statutes. Alone, this guide can only be considered a summary and not a comprehensive reference to retirement, disability and survivor benefits provided by FPPA. This plain language document is intended for informational purposes only. Official interpretations or determinations are based upon the applicable plan documents, the Colorado Revised Statutes, and FPPA Rules and Regulations that govern the plan.*