



# Application Packet Cover Sheet

## Fire & Police Pension Association of Colorado

FPPAco.org • 5290 DTC Parkway, Suite 100 • Greenwood Village, Colorado 80111-2721  
(303) 770-3772 in the Denver Metro area • (800) 332-3772 toll free nationwide • (303) 771-7622 fax

*For Members  
of This Plan*

### Colorado Springs New Hire Pension Plan - Fire Component

*Application*

### Retirement Application

*Applying For*

### Normal, Vested or Early Retirement NOT entering DROP

#### **This Packet Applies To:**

Members ready to retire and are applying for one of the retirements listed below.

- Normal Retirement (having at least 25 years of service and are at least age 55)
- Vested Separation (having at least 10 years of service and an expected retirement benefit date beginning at age 55)
- Early Retirement (having at least 20 years of service or are age 50)

#### **This Packet Does NOT Apply To:**

Members entering DROP.

#### **Please Remember:**

- Have your signature notarized.
- Have the employer section completed.
- Submit the appropriate supporting documentation with your application.

**Questions?** Contact an FPPA Retirement Coordinator at the phone numbers listed above.

#### **Send all completed forms to:**

FPPA Retirement Coordinator at the address listed above.

*Please make copies for your files of the forms you fill out prior to submitting them to FPPA.*

### Forms & Publications

In this application packet you will find the following forms and information needed to process your application.  
**Check the box to the LEFT as you complete each of the forms.**

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**Instructions Memo**

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If you are a member of the Colorado Springs New Hire Pension Plan - Fire Component (CSNHPP-FC) and have completed:

- at least 25 years of service and are at least age 55, you are eligible to apply for a **Normal Retirement**;
- at least 10 years of service upon leaving the job, you are eligible to apply for a **Vested Separation** which will be payable at age 55; or
- at least 20 years of service in the plan upon leaving the job or if you have reached age 50 you are eligible to apply for an **Early Retirement**.

The retirement calculation is explained in the CSNHPP-FC Plain Language Brochure found under *Publications* on the FPPA website. The Early Retirement calculation is also explained in the Brochure.

To apply for retirement benefits, please follow the instructions below.

**Form To Be Used**

*Colorado Springs New Hire Pension Plan-Fire Component Application for Retirement Benefits*. This form is to be completed and signed by both you and your employer. You will need to complete Parts A, B and C; your signature must be notarized. (Please disregard Part D, as this only applies to those electing to enter the DROP.) The employer will need to complete Part F and have it notarized.

**The Process**

1. The completed *Retirement Application* and supporting documentation must be submitted to FPPA. **Please include a copy of your birth certificate and if applicable your spouse's birth certificate with a copy of a court order or current marriage certificate or drivers license to verify any name change. Also include a copy of a birth certificate for each dependent child.**
2. Upon receipt of the completed application, and final contributions, FPPA will confirm applicable employment information, calculate the retirement and present the application for FPPA approval.
3. Once the application is approved, FPPA will mail you and your employer written notice. We will also send you following items:
  - *Retirement Summary*
  - If you have an FPPA Deferred Compensation (457), we will also send information with regard to distribution.

Please Note: due to the timing of pension contributions, application processing and FPPA's monthly payroll deadline, the first pension payment will be transmitted approximately 30 – 60 days after the actual retirement date. The first payment will be retroactive to the retirement date.

If you have questions regarding the retirement process or benefits, please call an FPPA Retirement Coordinator at 1-800-332-3772 or 303-770-3772.



## COLORADO SPRINGS NEW HIRE PLAN - FIRE COMPONENT APPLICATION FOR RETIREMENT BENEFITS

**Dear Applicant,**

Use this form to apply for retirement under the **Colorado Springs New Hire Plan – Fire Component** or, if participating in the Deferred Retirement Option Plan (DROP), at the time of electing to participate in DROP. For an explanation of the different types of retirement benefits, please refer to our website at [www.FPPAco.org](http://www.FPPAco.org). If you have any questions, please contact an FPPA Retirement Coordinator at (303) 770-3772 or toll-free at (800) 332-3772.

**Completing the Retirement Application process:** Please complete the appropriate sections of this application.

**Parts A, B and C** – to be completed by applicant for retirement benefits and then notarized.

**Part E** – to be completed and signed by applicant’s employer and then notarized.

**You will need to provide the following supporting documentation with this application** (*please check if attached*):

- a copy of your driver’s license
- a copy of your birth certificate,
- and if applicable,
- a copy of your spouse’s birth certificate
  - If common-law married, copies of documentation proving this relationship, including, but not limited to: evidence that you claim married status for tax purposes, evidence that you represent that you are married, evidence of cohabitation, joint credit, joint checking and/or savings accounts, and/or joint purchase of a house.
- Include a copy of court order or current marriage certificate or drivers license to verify any name change for the applicant or spouse,
- a copy of your dependent children’s birth certificates, and
- a physician’s statement certifying that a child is so physically or mentally incapacitated that the child cannot provide for himself/herself.

Upon receipt of your completed application, FPPA will confirm applicable employment information, calculate your retirement benefit, and present your application for FPPA approval.

If you are using this application to enter the Deferred Retirement Option Plan (DROP), you must complete the *Termination of DROP Participation* form when you terminate employment.

If applicable, the funds in your SRA will be available to you after you terminate employment and FPPA has approved your retirement benefit.

### PART A - GENERAL APPLICANT INFORMATION

✓ To be completed by **Employee**. Please print legibly.

Applicant’s Last Name	First Name	Middle Initial
Mailing Address	Apt #	(____)____-____ Home Phone Number
City	State	(____)____-____ Work Phone Number
____-____-____ Social Security Number	____/____/____ Date of Birth (mo/day/yr)	(____)____-____ Cell Phone Number

**SPOUSE INFORMATION**

Spouse's Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle Initial \_\_\_\_\_

Spouse's Social Security Number \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Spouse's Date of Birth (mo/day/yr)

Is this a common-law spouse? Yes  No   
(If common-law married, please provide documentation detailed on page 1 of this application.)

**DEPENDENT CHILDREN INFORMATION**

✓ To be completed by **Employee**. Please print legibly.

List below the names and birth dates of dependent children. Dependent child means an unmarried child under the age of 23. It also may include a mentally or physically incapacitated child who cannot provide for himself/herself.

Dependent Child's Name	Social Security #	Birth Date (mo/day/yr)
_____	_____ - _____ - _____	_____ / _____ / _____
_____	_____ - _____ - _____	_____ / _____ / _____
_____	_____ - _____ - _____	_____ / _____ / _____

**PART B - BENEFICIARY INFORMATION (IF NO SPOUSE OR DEPENDENTS)**

If you do not have a spouse or dependents, a beneficiary may be designated to receive any remaining benefits.

Beneficiary's Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle Initial \_\_\_\_\_

Beneficiary's Social Security Number \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Beneficiary's Date of Birth (mo/day/yr)

*I certify that the above information is correct to the best of my knowledge.*

Applicant's Full Legal Signature \_\_\_\_\_ Date \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

**For Notary Use Only** .....

STATE OF \_\_\_\_\_ }  
COUNTY OF \_\_\_\_\_ } ss

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, year of \_\_\_\_\_.

Witness my hand and official seal.

My commission expires: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_.

Notary Public Signature \_\_\_\_\_  
SEAL

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## PART C - RETIREMENT INFORMATION

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**Type of Retirement Applying for:**

Please check one of the following retirement types, and also mark the DROP box if you plan to enter DROP.

- Normal Retirement** - *At least 25 years of service and age 55.*
- Vested Separation** - *At least 10 years of service, payable at age 55.*
- Early Retirement** - *At least 20 years of service and age 50, but not yet age 55.*
- Deferred Retirement** - *Eligible for Normal Retirement but elect to defer receipt of pension up to age 65.*

**Please mark the following box if you plan to enter DROP.** To apply to enter DROP, you must be eligible for a Normal Retirement or at least age 50 and the sum of your age and years of service is at least 75.

- Enter DROP**

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## PART D - DROP ACCOUNT INFORMATION

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If you elect to enter the DROP, please be aware that it is your responsibility to direct the investment of contributions to your account. Fidelity Investments® is FPPA's recordkeeper and provides investment options for the DROP Plan. Once you have entered the DROP, you may contact Fidelity® at (800) 343-0860 for an investment kit. The investment kit is designed to help you determine an investment strategy that might be right for you. The DROP Plan allows you to choose from a wide variety of investment options offered through Fidelity Investments®. Once you have a chance to review your investment options, call Fidelity® at (800) 343-0860 to establish your investment elections. Until investment elections are provided to Fidelity®, contributions to your account will be invested in the Wells Fargo Advantage DJ Target Fund (the default fund selected by FPPA). The assets in your DROP account will be valued at the close of every business day, enabling you to get updated balances daily.

**In addition to directing the investment of your contributions, it is very important to contact Fidelity® to designate a beneficiary for your DROP account.**

Part E - EMPLOYER'S SECTION

✓ To be completed by Employer. Please print legibly.

Employee's Name \_\_\_\_\_ Social Security Number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Employee's Rank \_\_\_\_\_

Employee's Date of Hire (mo/day/yr) ..... \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Employee's Last Day on the Payroll (for when pension contributions were deducted)..... \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

NOTE: This is usually the last day on the job; however, this may be a projected date.

If applicable, calculate the date by adding the number of accrued vacation days to the last day on the job.

Has the employee incurred an unpaid break in service? Yes  No

If yes, from what dates? \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ to \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Has the employee applied for disability benefits? Yes  No

Employee's last contribution deducted from Pay Period \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ to \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

The amount of the last contribution deducted from employee's salary ..... \$ \_\_\_\_\_ . \_\_\_\_\_

Effective date of retirement (if not entering DROP) ..... \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

NOTE: The effective date of retirement is the day after the last day on payroll,

or in the case of the vested separation, it is the day the employee attains the age of 55.

Date entering DROP (if applicable) ..... \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

I certify that the above information is correct to the best of my knowledge.

Name of Authorized Employer Representative (please print) \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Signature of Authorized Employer Representative \_\_\_\_\_ City / Town / Special District \_\_\_\_\_

Mailing Address \_\_\_\_\_ ( \_\_\_\_\_ ) - \_\_\_\_\_ - \_\_\_\_\_  
Phone Number

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

For Notary Use Only .....

STATE OF \_\_\_\_\_ }  
COUNTY OF \_\_\_\_\_ } ss

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, year of \_\_\_\_\_.

Witness my hand and official seal.

My commission expires: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ .

\_\_\_\_\_  
Notary Public Signature  
SEAL