

**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

| <i>For Members Of The</i>  | <b>Statewide Hybrid Plan</b>  |  |                   |                  |   |   |   |   |   |  |   |               |   |
|--|---|--|-------------------|------------------|---|---|---|---|---|--|---|---------------|---|
| <i>Application</i>   | <b>Retirement Application</b>   |  |                   |                  |   |   |   |   |   |  |   |               |   |
| <i>Applying For</i>  | <b>Normal, Vested or Early Retirement Entering DROP</b>   |  |                   |                  |   |   |   |   |   |  |   |               |   |
|  | <p><b>This Packet Applies To:</b><br/>Members ready to retire and are applying for one of the retirements listed below and are wishing to enter the DROP.</p> <ul style="list-style-type: none"> <li>• Normal Retirement (having at least 25 years of service and are age 55)</li> <li>• Vested Retirement (having at least 5 years of service and at least age 55)</li> <li>• Early Retirement (having at least 30 years of service or are age 50)</li> </ul> <p><b>Entering the DROP</b><br/>Members interested in participating in the DROP are encouraged to notify FPPA 90 days prior to the date they plan to enter the DROP to request the necessary retirement forms. This timeframe has been established to allow ample time for the member and employer to complete and submit the necessary forms for FPPA processing and approval.</p> <p><b>Please Remember:</b></p> <ul style="list-style-type: none"> <li>• Have your signature notarized.</li> <li>• Have the employer section completed.</li> <li>• Submit the appropriate supporting documentation with your application.</li> </ul> <p><b>Questions?</b> Contact an FPPA Retirement Coordinator at the phone numbers listed above.</p> <p><b>Send all completed forms to:</b><br/>FPPA Retirement Coordinator at the address listed above.</p> <p><i>Please make copies for your files of the forms you fill out prior to submitting them to FPPA.</i></p> |  |                   |                  |   |   |   |   |   |  |   |               |   |
| <b>Forms &amp; Publications</b>  | <p>In this application packet you will find the following forms and information needed to process your application.<br/><i>Check the box to the LEFT as you complete each of the forms.</i></p> <table border="1"> <thead> <tr> <th></th> <th style="text-align: right;"><b># of Pages</b></th> </tr> </thead> <tbody> <tr> <td>Instruction Memo</td> <td style="text-align: right;">2</td> </tr> <tr> <td>Statewide Hybrid Plan Rules &amp; Regulations - Rule 6.10 - as it relates to DROP</td> <td style="text-align: right;">3</td> </tr> <tr> <td><input type="checkbox"/> FPPA Defined Benefit System Retirement Application</td> <td style="text-align: right;">4</td> </tr> <tr> <td><input type="checkbox"/> Irrevocable Election to Participate in the Deferred Retirement Option Plan (DROP) and Resignation from Employment</td> <td style="text-align: right;">3</td> </tr> <tr> <td>Employer Memo</td> <td style="text-align: right;">3</td> </tr> </tbody> </table>  |  | <b># of Pages</b> | Instruction Memo | 2 | Statewide Hybrid Plan Rules & Regulations - Rule 6.10 - as it relates to DROP | 3 | <input type="checkbox"/> FPPA Defined Benefit System Retirement Application | 4 | <input type="checkbox"/> Irrevocable Election to Participate in the Deferred Retirement Option Plan (DROP) and Resignation from Employment | 3 | Employer Memo | 3 |
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**Instructions Memo - Defined Benefit Component**

If you are a member of the Statewide Hybrid Plan and are eligible to apply for retirement, you are also eligible to enter the Deferred Retirement Option Plan (DROP) for up to 5 years. The retirement calculation and the DROP provision is explained in the Statewide Hybrid Plan Summary Brochure found under "Publications" on the FPPA website.

To apply for retirement benefits and to enter the DROP, please follow the instructions below.

**Forms To Be Used**

- *FPPA Defined Benefit System Retirement Application*  
This form is to be completed and signed by both you and your employer. You will apply for a normal, vested or early retirement and indicate that you plan to enter the DROP on this form. Parts A, B and D should be completed by you. Part E should be completed by your employer. The signatures on this application must be notarized.
- *Irrevocable Election to Participate in the Deferred Retirement Option Plan (DROP) and Resignation from Employment (DROP Participation Agreement)*  
This agreement must be completed by you and signed by both you and your employer in order for you to elect to enter the DROP. Both you and your employer should understand that the election to enter the DROP is irrevocable once this agreement is executed.

**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 and your dependent children's birth certificates. Include a copy of court order or current marriage certificate or drivers license to verify any name change. The Drop Participation Agreement form should be returned to FPPA along with the Retirement Application.
2. Upon receipt of the completed application, FPPA will confirm applicable employment information and calculate the retirement. Please note: benefits will be calculated at the time of retirement based on current contribution information in the FPPA records. FPPA will recalculate the benefit once final contributions are received from the employer and will make any necessary adjustments.
3. Once the application is approved FPPA will mail you and your employer written notice. We will also send you an FPPA Defined Benefit System Retirement Payment Option Selection form. You must return the completed FPPA Defined Benefit System Retirement Payment Option Selection form to FPPA. The payment option selected will determine the pension amount to be deposited into your DROP account each month. No deposit will be made to your DROP account until this form is received.
4. Once we receive your FPPA Defined Benefit System Retirement Payment Option Selection form, we will send you the following items:
  - Retirement Summary
  - An investment Kit that contains information about self-directing your DROP account. The kit may help you determine an investment strategy that might be right for you.
5. Please note: due to the timing of pension contributions, application processing and FPPA's monthly payroll deadline, the first DROP contribution will be transmitted approximately 30- 60 days after the actual retirement date. The first contribution will be retroactive to the retirement date. However, no investment earnings or losses will be realized during the processing period.

Also, please give the enclosed Memorandum to your employer when you meet with them to complete the forms.



## Application Packet

### Fire & Police Pension Association of Colorado

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## Instructions Memo - Defined Benefit Component

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- continued -

Also, please give the enclosed Memorandum to your employer when you meet with them to complete the forms.

Finally, please remember to contact FPPA approximately 30 days prior to actually leaving the job to request a Termination Packet. This packet will include the necessary forms to take receipt of your Defined Benefit and Money Purchase Components, SRA, DROP and FPPA 457 plan, if applicable.

If you have questions regarding this information, please feel free to call an FPPA Retirement Coordinator at 303-770-3772 or 1-800-332-3772.

**FPPA**  
**Fire & Police Pension Association**  
**of Colorado**

**Statewide Hybrid Plan Rules and Regulations**  
(Codified September 22, 2011 to be effective January 1, 2012)

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(303) 770-3772  
[www.fppaco.org](http://www.fppaco.org)

**6.10. Deferred Retirement Option Plan (“DROP”).**

(a) This Section is applicable to Members who participate in DB Component of the Statewide Hybrid Plan and who elect to participate in DROP. A Member is eligible to elect to participate in DROP only if the Member meets one of the following criteria:

- (1) The Member is eligible for normal retirement in accordance with Section 6.02.
- (2) The Member is eligible for vested retirement in accordance with Section 6.05.
- (3) The Member is eligible for early retirement in accordance with Section 6.04.

(b) The purpose of DROP is to allow an eligible Member to elect, in lieu of immediate termination of employment and receipt of a service retirement benefit, to continue employment for a specified period of time and to have the Member's otherwise deductible employee contribution and retirement benefits paid into the DROP account until the end of such specified period of the Member's participation, at which time employment is to cease. A DROP participant must choose a single life annuity or one (1) of the retirement options provided in section 6.06 at the time the Member elects to participate in DROP.

(c) An eligible Member may participate in DROP only once.

(d) The duration of a Member's participation in DROP shall not exceed a total of five (5) years. As a condition precedent to participation in DROP, the Member shall execute an irrevocable agreement with his or her Employer in the form prescribed by the Board, which form shall, among other items, clearly and unequivocally state that the Member must retire no later than the fifth (5<sup>th</sup>) anniversary of the Member's participation in DROP, and the Member shall also acknowledge that no disbursement of any DROP funds can occur absent the retirement or death of the Member. The Employer shall provide a copy of such agreement to the Board.

(e) If a Member's participation in DROP is interrupted by military service, reduction in work force, or job related disability, then, upon reestablishment of Membership and provided that the Member has not received any distribution from his or her DROP account, the Member shall be immediately eligible for resumption of participation in DROP for the balance of the five (5) year maximum. Other than the above-described types of interruptions of participation, the five (5) year period shall continue to run in all other cases.

(f) Upon commencement of the Member's participation in DROP, the Member shall remain an active Member. Nevertheless, the Member shall earn no additional service credit or additional benefits under the Plan.

(g) Upon commencement of the Member's participation in DROP, the retirement benefits provided and all of the Member contributions shall be paid into the Member's DROP account. In no case shall the Employer contribution be used to fund DROP.

(h) Each Member's DROP Account shall be subject to self-direction. Within the Trust Fund there is hereby created the fire and police members' self-directed investments fund that shall consist of assets equal to the DROP Accounts. However, the DROP assets shall be held in trust for investment purposes as part of the Trust Fund.

- (1) The Board may allow a Member to exercise control of the investment of part or all of the Member's accrued benefit under the DROP Account. A Member who exercises control over the plan assets in the Member's account shall not be deemed a fiduciary of the fund by reason of such exercise of control, and neither the Board nor the FPPA shall be liable for any loss that results from such exercise of control.
- (2) In allowing a Member to exercise such control, the Board shall:
  - (A) Select at least three (3) investment alternatives, each of which is diversified in itself, that allow the Member a broad range of investments and a meaningful choice between risk and return in the investment of the Member's accrued benefit;
  - (B) Allow the Member to change investments at least once each calendar quarter; and
  - (C) Provide the Member with information describing the investment alternatives, the nature, investment performance, fees, and expenses of investment alternatives, and other information to enable a Member to make informed investment decisions.

(i) The Board is authorized to charge each account a fee for the administration of DROP. However, the DROP account shall not be subject to any other fees or charge of any kind for any purpose.

(j) A DROP participant who terminates employment or reaches the five (5) year limit for participation shall become a retiree and shall receive, at the retiree's option, a lump sum payment from the retiree's individual DROP account equal to its balance plus net investment earnings and losses, or equal monthly installment payments from the retiree's individual DROP account over a period not to exceed the retiree's life expectancy or the joint life expectancies of the retiree and the retiree's Designated Beneficiary. At the end of the installment period, a final disbursement of remaining funds in the DROP account shall be made. If no selection is made by the retiree, payment shall be made in compliance with Article XII.

(k) If a Member dies during the period of DROP participation and the Member's Designated Beneficiary is the Member's surviving Spouse to whom the Member was legally married at the time of the Member's death, the Member's Designated Beneficiary shall receive, at the Designated Beneficiary's option, a lump sum payment from the retiree's individual DROP account equal to its balance plus net investment earnings and losses, or equal monthly

installment payments from the retiree's individual DROP account over a period not to exceed the Spouse's life or life expectancy. If no selection is made by the Designated Beneficiary, payment shall be made in compliance with Article XII.

(l) If a Member dies during the period of DROP participation and the Member's Designated Beneficiary is someone other than the Member's surviving Spouse to whom the Member was legally married at the time of the Member's death, the Member's Designated Beneficiary shall receive a lump sum payment equal to the Member's individual DROP account balance plus net investment earnings or losses.

(m) If a Member dies during the period of DROP participation and the Designated Beneficiary has not survived the Member, the Member's estate shall receive a lump sum payment equal to the Member's individual DROP account balance plus net investment earnings or losses.

(n) As an alternative to subsection (j), a Member shall be entitled to elect one (1) of the following distribution methods by executing the Applicable Form:

- (1) Deferral of any payment(s) from the account until a specified date. If a deferral of payment(s) is selected, the DROP participant shall select one of the following distribution methods. However, all distributions must be in compliance with Article XII.
- (2) A lump sum distribution of the entire account balance.
- (3) Periodic monthly payments with a designated amount until the balance of the DROP account has been entirely distributed.
- (4) Periodic monthly payments for a designated period of years. The Plan Administrator shall calculate the dollar amount of the participant's period payment, so that the entire balance in the participant's DROP account shall have been distributed to the participant by the end of the period selected by the participant. This amount shall be periodically recalculated by the Plan Administrator.
- (5) Initial minimum required distribution. The Plan Administrator shall calculate the dollar amount of the participant's periodic payment based upon the participant's current DROP account balance. The minimum distribution is based on the participant's life expectancy (and the life expectancy of his or her Designated Beneficiary, if applicable).
- (6) Combination of a lump sum and periodic payments by designating an initial lump sum payment of a specified amount and a balance to be paid in a specified number of monthly payments of a specified dollar amount until the balance of the DROP account has been entirely distributed to the participant.

(7) Conversion to a monthly lifetime benefit pursuant to Section 11.06. A partial lump sum distribution may also be combined with a conversion to a monthly lifetime benefit.

(o) The minimum distribution amount is recalculated by the Plan Administrator on the basis of the life expectancy of the participant and the participant's Designated Beneficiary, if applicable. If elected in writing before the required beginning date by the participant and/or the participant's Spouse, if applicable, the life expectancy of the participant and/or the participant's Spouse shall be recalculated periodically.

(p) If the retiree does not select a distribution method, benefit payments shall be made in compliance with applicable federal law regarding minimum distributions.

(q) If the Member dies during the DROP participation period and the Member's Designated Beneficiary is the Member's surviving Spouse to whom the Member was legally married at the time of the Member's death, the Member's Designated Beneficiary shall be entitled to select one (1) of the distribution methods set forth in subsection (n). If no selection is made by the Member's surviving Spouse, payment shall be made in compliance with Article XII.

(r) If a retiree or surviving Spouse chooses a distribution method involving periodic payments, he or she may make a change in the payment method as may be allowed by the Plan Administrator.

## FPPA DEFINED BENEFIT SYSTEM RETIREMENT APPLICATION

### Dear Applicant,

Use this form to apply for any retirement under the Statewide Defined Benefit (SWDB) Plan or the Statewide Hybrid (SWH) Plan Defined Benefit Component. 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 a Retirement Coordinator at (303) 770-3772 or toll free at (800) 332-3772.

### Completing the Retirement Application Process:

• Please complete this *Retirement Application* at the time of retirement, or if participating in the Deferred Retirement Option Plan (DROP), at the time of electing to participate in DROP.

- Parts A, B, & D • to be completed by the applicant
- Part D • this section requires the signature of the applicant to be notarized
- Part E • to be completed and signed by the applicant's employer and then notarized

• You will need to provide the following supporting documentation with this application:

- a copy of your driver's license,
- a copy of your birth certificate,
- a copy of your beneficiary's birth certificate,
- a copy of a court order or a current marriage certificate or drivers license to verify any name change for the applicant or beneficiary.

- Upon receipt of your completed application, FPPA will confirm applicable employment information and, if your retirement is payable immediately, calculate your benefit payment options. (If your retirement is not payable immediately, the benefit options will be calculated approximately 60 days before your payment start date.) The benefit options form will be sent to you for your election.
- The information from this application will be presented for FPPA approval.
- Your retirement benefit will initially be paid based on a preliminary calculation. The final calculation and any adjustments will be made approximately 90 days following your retirement. This process is used to help ensure that final contributions have been received by FPPA.
- If you are using this application to enter the Deferred Retirement Option Plan (DROP), you must complete the *FPPA Defined Benefit System Termination of DROP Participation* form when you terminate employment.
- If you are a member of the Statewide Defined Benefit Plan, the funds in your SRA, if applicable will be available to you after you terminate employment and FPPA has approved your retirement benefit.
- If you are a member of the Statewide Hybrid Plan, the funds in your Money Purchase Component can be accessed by contacting Fidelity Investments at (800) 343-0860.

## PART A - GENERAL APPLICANT INFORMATION

**To be completed by the EMPLOYEE. Please print legibly.**

|   |  |                  |  |
|---|--|------------------|--|
| Applicant's Last Name _____                   |  | First Name _____ | Middle Initial _____                       |
| Mailing Address _____                         |  | Apt. # _____     | (____) - ____ - _____<br>Home Phone Number |
| City _____                                    | State _____                                      | Zip _____        | (____) - ____ - _____<br>Work Phone Number |
| ____ / ____ / _____<br>Social Security Number | ____ / ____ / _____<br>Date of Birth (mo/day/yr) |                  | (____) - ____ - _____<br>Cell Phone Number |
| Email Address _____                           |  |                  |  |

**PART B - EMPLOYMENT INFORMATION**

**To be completed by the EMPLOYEE. Please print legibly.** Name of all Colorado municipalities or special districts where you have been employed as a full-time FPPA Member and covered under the Statewide Defined Benefit Plan or the Statewide Hybrid Plan:

|       |                   |
|-------|-------------------|
| Name  | Dates (from / to) |
| _____ | _____ / _____     |
| _____ | _____ / _____     |
| _____ | _____ / _____     |

Type of Retirement Applying for:

**Normal Retirement - At least 25 years of service and age 55.**

- ~~Not~~ Entering DROP
- Entering DROP

**Vested Retirement - At least 5 years of service.**

- ~~Not~~ entering DROP - Retiring at any age with pension benefits payable at age 55.
- Entering DROP - At least age 55.

**Early Retirement - At least 30 years of service or age 50.**

- ~~Not~~ entering DROP
- Entering DROP

- Deferred Retirement - Eligible for Normal Retirement or vested and age 55 but elect to defer receipt of pension up to age 65.**

Purchase of a Lifetime Monthly Benefit Option

You may use all or a portion of your Statewide Defined Benefit Plan Separate Retirement Account (SRA), Statewide Hybrid Plan - Money Purchase Component and/or DROP account to purchase a lifetime monthly benefit. By marking the appropriate box below you are requesting that FPPA calculate your retirement benefit with and without the purchase of a monthly benefit. **Marking the boxes on this application only indicates that you would like an estimate prepared. It is not an irrevocable election.** Once your retirement application is approved, payment option selection forms will be sent to you. One will contain benefits with the purchase of a monthly benefit and one will contain pension benefits only. **At that time, you will make an irrevocable election.** If you are entering DROP, the choice to purchase a lifetime benefit may be discussed when you exit DROP. Please contact FPPA if you would like to discuss this option.

I would like an estimate prepared to purchase a lifetime benefit option using my:

Check any squares (below left) that apply and then how much of that plan you wish to consider to purchase a lifetime monthly benefit.

- Statewide Defined Benefit Plan SRA - select either:  entire account - or -  dollar amount of \$ \_\_\_\_\_
- Statewide Hybrid - Money Purchase Component - select either:  entire account - or -  dollar amount of \$ \_\_\_\_\_
- DROP - select either:  entire account - or -  dollar amount of \$ \_\_\_\_\_
- I do NOT want to purchase a lifetime benefit.

I understand that if I am considering reemployment with a Defined Benefit System employer, it is my responsibility to notify FPPA prior to returning to work as receipt of my benefit and/or SRA may be impacted.

|  |                            |
|--|----------------------------|
| Applicant's Full Legal Signature _____ | Date _____ / _____ / _____ |
|--|----------------------------|

**PART C - DROP ACCOUNT INFORMATION**

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 1(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 Fidelity Income 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. You may call the number above or designate your beneficiary online at [www.fidelity.com/atwork](http://www.fidelity.com/atwork).**

**PART D - DESIGNATED BENEFICIARY FOR FPPA DEFINED BENEFIT SYSTEM**

**To be completed by the EMPLOYEE. Please print legibly.**

A beneficiary must be named for FPPA to calculate your retirement benefit survivor options. After a benefit option has been selected and the first pension payment has been deposited or otherwise negotiated, you may only change your beneficiary for your defined benefit pension in the event of a change in your marital status or the death of your named beneficiary. In the event of a change in beneficiary the pension benefits payable will be recalculated according to your life expectancy and that of your newly named beneficiary.

NOTE: If you have combined service in both the Statewide Defined Benefit Plan and the Statewide Hybrid Plan please note your beneficiary for each Plan, even if it is the same person. Please contact Fidelity to designate a beneficiary for your DROP account if applicable.

**STATEWIDE DEFINED BENEFIT PLAN BENEFICIARY**

|  |   |   |
|--|---|---|
| Beneficiary's Last Name                        | First Name                                  | Middle Initial  |
| Mailing Address                                | Apt. #                                      | (____) - ____ - ____<br>Home Phone Number                     |
| City   | State                                       | (____) - ____ - ____<br>Work Phone Number                     |
| ____/____/____<br>Social Security Number       | ____/____/____<br>Date of Birth (mo/day/yr) | <input type="checkbox"/> Female <input type="checkbox"/> Male |
| Relationship of Beneficiary to Applicant _____ |   |   |
| Applicant's Full Legal Signature               | _____/_____/_____<br>Date                   |   |

**STATEWIDE HYBRID PLAN BENEFICIARY**

|  |   |   |
|--|---|---|
| Beneficiary's Last Name                        | First Name                                  | Middle Initial  |
| Mailing Address                                | Apt. #                                      | (____) - ____ - ____<br>Home Phone Number                     |
| City   | State                                       | (____) - ____ - ____<br>Work Phone Number                     |
| ____/____/____<br>Social Security Number       | ____/____/____<br>Date of Birth (mo/day/yr) | <input type="checkbox"/> Female <input type="checkbox"/> Male |
| Relationship of Beneficiary to Applicant _____ |   |   |
| Applicant's Full Legal Signature               | _____/_____/_____<br>Date                   |   |

**REQUIRED SIGNATURE NOTARIZATION**

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

**PART E - EMPLOYER'S SECTION**

To be completed by each EMPLOYER that covered you under the FPPA Defined Benefit System (make copies of this section if necessary).

Employee's Name \_\_\_\_\_ Social Security # \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Employee's Rank \_\_\_\_\_ Employee's Date of Hire (mo/day/yr) \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
(as an FPPA Member)

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 through FPPA?  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 the payroll, or in the case of the vested retirement, 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

**REQUIRED SIGNATURE NOTARIZATION**

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

**STATEWIDE HYBRID PLAN**  
**IRREVOCABLE ELECTION TO PARTICIPATE IN THE**  
**DEFERRED RETIREMENT OPTION PLAN (DROP)**  
**AND RESIGNATION FROM EMPLOYMENT**

This irrevocable agreement is made between \_\_\_\_\_,  
 a member of the **Statewide Hybrid Plan** (“Member”), and  
 \_\_\_\_\_, the Member’s employer (“Employer”).

WHEREAS, Member is an active full-time salaried employee of Employer serving at least one thousand six hundred hours (1600) hours in any calendar year and whose duties are directly involved with the provision of police or fire protection; and

WHEREAS, Member is covered by the Statewide Hybrid Plan (“Plan”) for FPPA Members; and

WHEREAS, Employer is a municipality in Colorado offering police or fire protection service employing one or more Members or a special district, fire authority or county improvement district in Colorado offering fire protection service employing one or more Members; and

WHEREAS, pursuant to the Statewide Hybrid Plan Document, 4.09, the Plan includes a Deferred Retirement Option Plan (DROP) for the Defined Benefit Component; and

WHEREAS, the Member is eligible for retirement under the Plan and desires to participate in the DROP according to its terms and in conformance with the requirements of local, state and federal law.

NOW, THEREFORE, in consideration of the mutual covenants contained herein, the parties agree as follows:

1. The Member hereby irrevocably elects, in lieu of immediate termination of employment and receipt of a service retirement benefit, to continue employment and enter the DROP from \_\_\_\_\_ [insert DROP entry date] until the Member’s termination of employment, which shall be no later than the fifth anniversary of the DROP entry date.
2. The Member acknowledges that participation in the DROP requires the Member to choose Member’s retirement benefit payment option at the same time the Member elects to participate in the DROP. The Member has completed the FPPA Defined Benefit System Retirement Application.
3. During the DROP period the Member’s otherwise deductible employee contributions (as picked up by the Employer under the terms of the Plan) and the Member’s retirement benefits shall be paid into the DROP account until the end of the specified period of employment, at which time employment shall cease and the Member shall retire from active service. No employer contribution shall be required to fund the DROP.
4. No disbursement of any DROP funds can occur absent the retirement or death of the Member. During the DROP period, the Member shall earn no service credit or additional service-related benefits under the Defined Benefit Component of the Statewide Hybrid Plan. The amount of benefits for retirees who have elected the DROP shall be adjusted to the same extent as benefits for retirees who have not elected the DROP.
5. Once the Member enters the DROP, the Member will self-direct the DROP monies in the DROP account in any investment option offered by FPPA.

6. The DROP assets shall be held in trust for investment purposes as part of the fire and police members' self-directed investments fund, subject to such rules as may be adopted for the administration of the trust. The Board of Directors of the Fire and Police Pension Association ("FPPA Board") shall be authorized to charge each account a reasonable fee for the administration of the DROP.
  7. The Member acknowledges that it is possible, due to economic or investment factors or a combination of both, that substantial losses could occur in the DROP account. The Employer is not responsible for DROP account performance. Before signing this Agreement, and during the term of this Agreement, the Member should familiarize himself or herself with any and all regulations and policies adopted by the FPPA Board governing the DROP account. The Member agrees to abide by applicable rules and regulations, as they may be amended from time to time.
  8. When the Member terminates employment or reaches the five-year limit for participation in the DROP, the Member shall become a retiree and shall receive, in addition to the retirement benefit and at the retiree's option, either A) a lump sum payment from the retiree's individual DROP account equal to its balance, plus net investment earnings and losses, or B) equal monthly installment payments from the retiree's individual DROP account over a period not to exceed the retiree's life expectancy or the joint life expectancies of the retiree and the retiree's designated beneficiary. The member may also elect to transfer all or a portion of his/her account balance back to FPPA to purchase a monthly benefit. Payout options for the DROP account are more specifically set forth in the Statewide Hybrid Plan Rules and Regulations, 6.10.
  9. The Member acknowledges and agrees that the Member executes this irrevocable election and resignation because of the potential benefits which the Member acknowledges he or she may receive from participation in the DROP, and in consideration of these potential benefits, this Agreement also constitutes the Member's irrevocable resignation from the employ of Employer as of no later than the fifth anniversary of the DROP entry date. The Member may participate in the DROP only once.
  10. In exchange for the Employer allowing the Member to elect to participate in the DROP, Member, on behalf of himself or herself, Member's heirs, executors, administrators, personal representatives and assigns and without any reservations whatsoever, agrees to forever release and waive any claim against the Employer, as of the date this Agreement is signed and executed by the Member, arising out of the termination of his or her employment with the Employer and participation in the DROP, including any claims under the Colorado Age Discrimination Statute, Colo. Rev. Stat. § 24-34-402, as amended.
  11. The Member acknowledges that Member has received a copy of the Statewide Hybrid Plan Rule 6.10 (DROP). The Member has read the DROP rules and understands the provisions thereof. The Member understands that participation in the DROP may not be advantageous for every employee. Member acknowledges that Member has been advised in writing to seek independent legal and other professional counsel prior to executing this agreement. Member represents that Member has had ample opportunity to consult with an attorney and other professional advisor of the Member's choice before executing this agreement. Member is releasing Employer from any and all claims Member may have against Employer (except as expressly provided herein), including but not limited to, claims under the Age Discrimination in Employment Act related to Member's Participation in the DROP. Member further agrees that Member knowingly and voluntarily is executing this Agreement of Member's own free will. Member understands and agrees that Member is solely responsible for analyzing the tax and other financial and legal consequences of participation in the DROP.
  12. Member represents that Member was given at least twenty-one (21) days to consider the Agreement and to determine whether Member wishes to execute the Agreement. Member understands that Member can change his or her mind and revoke Member's signature on this Agreement within seven (7) days after signing it by hand delivering notice of such revocation to the Human Resource Officer of the Employer and to the FPPA. Furthermore, Member understands that, unless properly revoked by
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Member during this seven-day period, the release and waiver above will become effective seven (7) days after Member signs the Agreement. The Agreement shall be null and void if the Member elects to revoke his or her signature and the Member will continue as an active Member of the Plan. Member hereby certifies that Member has read the entire Agreement, and fully understands and approves of the terms and effect of the Agreement, and each of the undersigned approves the terms thereof.

13. This Agreement embodies all the representations of the parties relative to the subject matter hereof, and no representations, understandings or agreements in relation to this Agreement exist between the parties except as expressly set forth herein.

14. The Employer shall promptly provide a copy of this Agreement to the FPPA. Both the Member and Employer knowingly and voluntarily execute this Agreement in accord with the above-described

terms this \_\_\_\_\_ day of \_\_\_\_\_ [insert date].

EMPLOYER

EMPLOYEE

By: \_\_\_\_\_  
SIGNATURE

By: \_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
PRINT NAME

\_\_\_\_\_  
PRINT NAME

\_\_\_\_\_  
TITLE

\_\_\_\_\_  
TITLE

\_\_\_\_\_  
ADDRESS

\_\_\_\_\_  
ADDRESS

\_\_\_\_\_

\_\_\_\_\_

[Affix both signatures on the same date. Print the name, title and address of each party.]

**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

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**Employer Memo**

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This memo is to help you understand your involvement and the general process when a member of your department wishes to participate in the Statewide Defined Benefit Plan DROP or the Statewide Hybrid Plan DROP.

Any member who is eligible for a retirement (normal, vested or early) under the Statewide Defined Benefit Plan or the Statewide Hybrid Plan may elect to enter the DROP for a period of time not to exceed 5 years.

**Entering the DROP**

Members interested in participating in the DROP are encouraged to notify FPPA 90 days prior to the date they plan to enter the DROP to request the necessary retirement forms. This timeframe has been established to allow ample time for the member and employer to complete and submit the necessary forms for FPPA processing and Board approval.

The following forms are provided to the member upon request.

- *FPPA Defined Benefit System Retirement Application*  
This form is to be completed and signed by both the member and employer. The member will apply for retirement and indicate that he/she plans to enter the DROP on this form.
- *Irrevocable Election To Participate In The Deferred Retirement Option Plan (DROP) And Resignation From Employment (DROP Participation Agreement):*  
This agreement must be completed by the member and signed by both the member and employer in order for a member to enter the DROP. Both the member and employer should understand that the election to enter the DROP is irrevocable.

**Processing the Forms**

1. The completed *Retirement Application* should be submitted to FPPA. The DROP Participation Agreement form should be returned to FPPA along with the Retirement Application.
2. Upon receipt of the completed application, FPPA will confirm applicable employment information, calculate the retirement and submit all documents for FPPA approval.
3. Once approved, written notice will be mailed to both the member and employer. The member's letter will include an *FPPA Defined Benefit System Retirement Option Selection* form. This form should be returned to FPPA. The payment option selected will determine the pension amount to be deposited into the member's DROP account each month. Therefore the member **must** choose her/her retirement pension payment option at the same time the member elects to enter the DROP.
4. Due to the timing of pension contributions, application processing and FPPA's monthly payroll deadline, the first DROP contribution will be transmitted approximately 30- 60 days after the actual retirement date. The first contribution will be retroactive to the retirement date. However, no investment earnings or losses will be realized during the processing period.

As the employer, you must consider the date when the member begins the DROP and whether your payroll system can account for a pro-rata split in the member contributions. Employer matching contributions will cease the same date. You must report the contributions properly to FPPA via the Employer Reporting System web site.

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**Employer Memo**

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- continued -

To clarify further, the following is an example concerning the date of entry into the DROP. Assume the member considers entering the DROP on the 25th of the month. Your payroll cycle runs from the 17th through the 30th. Is your payroll system capable of splitting the member contribution for 8 days of participation in the plan with the remainder going into the DROP? If for any reason you cannot split the contribution, please advise your members of any limitations within your department regarding the effective date of entering the DROP. The date you agree upon is the date you will designate on the Retirement Application and the DROP Participation Agreement forms.

Let's continue our example above where the member elects to begin DROP on June 25th and assume that FPPA receives the member's FPPA Defined Benefit System Retirement Payment Option Selection form after the June payroll deadline, June 10th. The 8% member contribution will be transmitted to the DROP account after the employer submits the contribution to FPPA. However, the pension contribution will be transmitted to the DROP account on the next payroll cycle, which would be July 21st, in this example.

**Terminating Service and Exiting the DROP**

Please note: The member should complete the *DROP Termination Packet* approximately 30 days prior to terminating employment. This packet may be found on this web site or the member may contact FPPA and request that a packet be mailed.

This packet will include the following:

**Retirement Forms**

- *W-4P- Monthly Pension Distributions*
- *Electronic Funds Transfer /Direct Deposit*

**DROP Forms**

- *FPPA Defined Benefit System Termination of DROP Participation*
- Information on the distribution of the DROP, the Statewide Hybrid - Money Purchase Component, Deferred Compensation (457) and how to contact Fidelity

**457 Deferred Compensation Forms**

If the member has participated in FPPA's 457 Deferred Compensation Plan, the following will also be included in the Termination Packet:

- 457 Deferred Compensation Distribution Letter

The FPPA Defined Benefit System Termination of DROP Participation form must be submitted to FPPA in order for any of the other distributions to take place. This form, (along with the employer Contributions Report) notifies FPPA that the member is no longer an active employee and is therefore eligible to take distribution of the retirement benefit, DROP and 457 Deferred Compensation funds, if applicable.

When all necessary forms are submitted to FPPA, distributions will be made according to the retired member's elections and within the regular monthly payroll cycles and deadlines established by FPPA.

If you should have any questions related to this process, please feel free to call an FPPA Retirement Coordinator at (303) 770-3772 or 1-800-332-3772.