

## Colorado Springs New Hire Plan Fire & Police Components

### Retirement Application

Questions...  
call and talk to a:

Retirement Coordinator  
Ext. 6400

(303) 770-3772  
in the Denver Metro area

(800) 332-3772  
toll free nationwide

Return completed form to:

FPPA  
7979 East Tufts Avenue  
Suite 900  
Denver, CO 80237-2985

Or FAX form to:  
(303) 771-7622

Use this form to apply for retirement under the;

- **Colorado Springs New Hire Plan,**
- or if you elect to participate in the **Deferred Retirement Option Plan (DROP).**

For an explanation of your retirement benefits, refer to our website at [FPPAco.org](http://FPPAco.org). If you have any questions, contact an FPPA Retirement Coordinator at the contact information listed above.

Upon receipt of your completed **Retirement Application**, FPPA will confirm applicable employment information, calculate your retirement benefit, and present your application for FPPA approval. Approval follows the receipt of your final contribution. This process is necessary so that we may determine your final average salary which is used to calculate your pension benefit. Upon approval, you will receive approval notice and a benefit summary.

The following documents (copies) must be provided with the application for you, your qualified spouse and/or your qualified dependent child(ren) if applicable.

- ✓ **Driver's license**
- ✓ **Birth Certificate**
- ✓ **Marriage License or Civil Union Certificate (if applicable)**

When electing a retirement date, or a DROP entry date, consider all your options, including:

#### 1) **The calculation of your final average salary (FAS):**

Your retirement benefit is calculated using the Final Average Salary (FAS), which is the monthly pensionable salary received for the 18 months (39 payroll periods) immediately preceding the date you separate from service or enter the DROP. Since the retirement benefit amount is based on an average of the final 39 payrolls, not working a full pay period in those final 39 pay periods affects the amount of your retirement benefit.

#### 2) **The calculation of your benefit percentage:**

Your percentage of benefit is earned for each **FULL** year of service worked in the plan. This means if you have 25 years and 6 months, your benefit will be based on 25 years. You would need to either work or purchase additional eligible service credits of 6 months in order to earn the benefit percentage equal to 26 years of service. All service credit purchases must be completed prior to your date of retirement, or entry into DROP.

#### 3) **Early Retirement is payable immediately when a member has 20 years of service and;**

**Police** - Must be between ages 45 and 49

**Fire** - Must be between ages 50 and 54

(These benefits are reduced for each year the member's age is less than the plan's Normal Retirement age.)

#### 3) **Are you entering DROP?**

If you choose to participate in DROP, you retire in the plan and continue working for your employer, for a maximum of five years. Your monthly pension benefit, along with your member contributions, are deposited into a self-directed account at Fidelity. Employer contributions stop. If you decide to enter DROP, include the DROP agreement with the retirement application. If entering DROP, the entry date must be the beginning of a pay period.

Login to the Member Account Portal (MAP) or contact an FPPA Retirement Coordinator at the contact information at the top of this form to compare your options.

**RETIREMENT APPLICATION INFORMATION**

**Are you planning to...**  Enter DROP  Retire - Begin Payment  \* Vested Separation  Defer Payment - Up to Age 65  
*Check only one box.*

**POLICE**

If you plan to enter DROP or defer up to age 65, you must be eligible for a Normal Retirement (Age 50 and 25 years of service).

**FIRE**

If you plan to defer up to age 65, you must be eligible for a Normal Retirement (Age 55 and 25 years of service or the Rule of 80). If you plan 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.

\* **Vested Separation** means the benefit would become payable when you reach the plan's normal retirement age, (age 50 for Police, age 55 for Fire).

**Early Retirement** is eligible for a member with 20 years of service (age 45 for Police, age 50 for Fire).

**PART A - GENERAL APPLICANT INFORMATION - Please print legibly.**

APPLICANT'S LAST NAME		FIRST NAME		MIDDLE INITIAL
MAILING ADDRESS		APT #	HOME PHONE # ( ) -	
CITY	STATE	ZIP	WORK PHONE # ( ) -	
SOCIAL SECURITY # - -	DATE OF BIRTH (mo / day / year) / /		CELL PHONE # ( ) -	
EMAIL				

**PART B - EMPLOYER VERIFICATION - Please print legibly.**

**EMPLOYMENT INFORMATION**

1) What is the applicant's date of hire? (mo/day/yr) / /

2) What is the **last day** for which you will be paying the applicant? (mo/day/yr) / /

If the applicant is being paid for their entire final pay period, then the **last day** above should be the last day of the pay period. FPPA will expect contributions through the date you list above.

**NOTE:** If applicant is entering DROP, the last day is always the last day of a pay period.

3) Has the applicant incurred an unpaid break in service? <input type="checkbox"/> Yes <input type="checkbox"/> No	FROM: (mo/day/yr) / /
	TO: (mo/day/yr) / /

**EMPLOYER ACKNOWLEDGEMENT of Retirement Application**

NAME OF AUTHORIZED EMPLOYER REPRESENTATIVE (please print)	EMAIL
SIGNATURE OF AUTHORIZED EMPLOYER	DATE (mo/day/yr) / /

**PART C - BENEFICIARY - FOR MONTHLY BENEFIT**

The Colorado Springs New Hire Pension Plan provides for a monthly benefit payable in the event of a member's death to a qualified spouse.

**QUALIFIED SPOUSE INFORMATION**

Check the appropriate box: <input type="checkbox"/> Marriage <input type="checkbox"/> Civil Union or <input type="checkbox"/> Common-law	SPOUSE'S LAST NAME	FIRST NAME	M.I.
	SOCIAL SECURITY #	DATE OF BIRTH (m/d/y)	CONTACT PH #
- -	/ /	( ) -	

**QUALIFIED CHILD(REN) INFORMATION**

List the names and birth dates of qualified children. Qualified child means a member's unmarried child, or child who has not entered into a civil union, who is under age twenty-three (23). A member's child includes an adopted child and a child who is conceived but unborn at the date of the member's death or retirement (whichever applies). Qualified child also may include a mentally or physically incapacitated child who cannot provide for himself/herself.

CHILD'S NAME	SOCIAL SECURITY #	DATE OF BIRTH (m/d/y)
	- -	/ /
CHILD'S NAME	SOCIAL SECURITY #	DATE OF BIRTH (m/d/y)
	- -	/ /
CHILD'S NAME	SOCIAL SECURITY #	DATE OF BIRTH (m/d/y)
	- -	/ /
CHILD'S NAME	SOCIAL SECURITY #	DATE OF BIRTH (m/d/y)
	- -	/ /

**PART D - BENEFICIARIES - FOR REFUND OF REMAINING PENSION CONTRIBUTIONS**

**REFUND ONLY Beneficiaries**

This beneficiary designation applies only to a one-time refund of remaining member contributions not paid out in monthly pension benefits and only when there is no qualified spouse or qualified child. No monthly benefit would be paid to the beneficiaries listed below. **Any previously elected Refund Only Beneficiaries, Estate or Trust is hereby revoked.**

Mark only **ONE** box below.


- I elect NOT to Designate a **Refund Only Beneficiary OR Estate OR Trust.**
- The following **Trust** is elected to receive a refund of remaining member contributions, if any.

\_\_\_\_\_  
*Name of Trust*

- I elect my **Estate** to receive a refund of remaining member contributions, if any.
- I elect to name the following **Refund Only Beneficiaries** to receive a refund of remaining member contributions, if any.

**NOTE:** If you want your qualified children to remain eligible for a refund after they turn age 23, be sure to list them again as refund only beneficiaries.

**REFUND ONLY Beneficiaries**

BENEFICIARY'S LAST NAME	FIRST NAME	RELATIONSHIP TO APPLICANT	<b>All percentage of assets listed below must equal = 100 %</b> 
SS #	DATE OF BIRTH (mo / day / year)		
PHONE #	EMAIL		
( ) -			PERCENT OF ASSETS %
BENEFICIARY'S LAST NAME	FIRST NAME	RELATIONSHIP TO APPLICANT	
SS #	DATE OF BIRTH (mo / day / year)		
PHONE #	EMAIL		
( ) -			PERCENT OF ASSETS %
BENEFICIARY'S LAST NAME	FIRST NAME	RELATIONSHIP TO APPLICANT	
SS #	DATE OF BIRTH (mo / day / year)		
PHONE #	EMAIL		
( ) -			PERCENT OF ASSETS %

**PART E - APPLICANT REQUIRED SIGNATURE & NOTARY**

**ACKNOWLEDGEMENT:**

- 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 *Colorado Springs New Hire Plan Termination of DROP Participation* form when you terminate employment.

*I certify that the information provided 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