

Request for a Cost Analysis of Retirement Coverage In the Statewide Volunteer Firefighter Retirement Plan



The process for electing coverage of volunteer firefighters by the Statewide Volunteer Firefighter Retirement Plan (SVFRP) is initiated by a request for a cost analysis of the prospective retirement coverage using this form. Once completed, the form must be signed by representatives of the relief association (if one exists) and the entity or entities sponsoring the fire department, and returned to the Public Employees Retirement Association (PERA) using the address or fax number listed at the bottom of this form.

PART A – INFORMATION REQUEST

Name of Fire Department:	Existing benefit level per year of service:
Amount of Assets Expected To Be Transferred To The Statewide Plan: <i>(Please see Part E of this form)</i>	
<i>We would like PERA to provide a cost analysis of joining the SVFRP using the benefit levels (Benefits must be in \$100 increments with a \$500 minimum benefit level)</i>	
\$ _____	\$ _____
\$ _____	\$ _____

PART B – SIGNATURE OF RELIEF ASSOCIATION (if one exists)

The relief association board requests that PERA provide a cost analysis of retirement coverage in the Statewide Volunteer Firefighter Retirement Plan for our volunteer fire department members.	
Name of Relief Association	Name of Board Secretary <i>(please print)</i>
Signature of Relief Association Secretary	Date
Email Address	Phone Number

PART C – SIGNATURE OF THE ENTITY SPONSORING THE FIRE DEPARTMENT

The entity listed below requests that PERA provide a cost analysis of retirement coverage in the Statewide Volunteer Firefighter Retirement Plan for our volunteer firefighters.	
Name of Sponsoring Entity (municipality, nonprofit corp.)	Name of Chief Administrative Officer
Signature of Chief Administrative Officer	Date
Email Address	Phone Number
Mail Address	City, State, Zip

Please Return to: PERA, 60 Empire Drive Suite 200, St. Paul, MN 55103 or fax to 651-296-8392

Statewide Volunteer Firefighter Retirement Plan Request for Cost Analysis

PART D – SIGNATURE OF OTHER ENTITIES SPONSORING THE FIRE DEPARTMENT

If more than one entity sponsors the fire department, the chief administrative officer of each association entity must execute the request for a cost analysis by signing below.

Name of Sponsoring Entity (municipality, nonprofit corp.)	Name of Chief Administrative Officer
Signature of Chief Administrative Officer	Date
Email Address	Phone Number

Name of Sponsoring Entity (municipality, nonprofit corp.)	Name of Chief Administrative Officer
Signature of Chief Administrative Officer	Date
Email Address	Phone Number

PART E – ASSET LISTING

*The State Board of Investment (SBI) is required to review any assets that might be transferred to the statewide plan. To begin the review, please complete the section below by listing all investments or bank accounts in the special fund and **provide recent statements for each account.***

Type of Asset/Investment/Bank Account	Balance
Type of Asset/Investment/Bank Account	Balance
Type of Asset/Investment/Bank Account	Balance
Type of Asset/Investment/Bank Account	Balance
Type of Asset/Investment/Bank Account	Balance
Type of Asset/Investment/Bank Account	Balance
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