

# FPPA Membership Form

**Fire and Police Pension Association**  
5290 DTC Parkway  
Greenwood Village  
Colorado 80111  
(303) 770-3772  
toll free (800) 332-3772  
www.FPPAco.org

Statewide Money Purchase Plan

Statewide Hybrid Plan - Money Purchase Component

**INSTRUCTIONS** - When filling out this form, please type or print legibly in ink. When the form is complete, return it to FPPA at the address above. You may want to keep a copy for your records. Check one box below.

- NEW EMPLOYEE - Complete the *entire* form.  
**New employees must also complete the *Statewide Standard Health History Form*.**
- CHANGES ONLY - Complete Part A below and any other information you wish to change.

**REMINDER** - You must sign and date this form for it to become effective.

## PART A - GENERAL INFORMATION

Employer \_\_\_\_\_  Police  Fire  
*Name of your employer - city, town or district*

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle Initial \_\_\_\_\_ Social Security # \_\_\_\_\_

Mailing Address \_\_\_\_\_ Male  Female  Marital Status: Single  Married

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Date of Birth \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Month Day Year

(\_\_\_\_\_) - \_\_\_\_\_ (\_\_\_\_\_) - \_\_\_\_\_  
(Area Code) Home Phone Number (Area Code) Work Phone Number Email Address \_\_\_\_\_

Spouse's Name (Check which applies)  Marriage  Civil Union Date of Birth \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Month Day Year

## PART B - EMPLOYMENT INFORMATION

Hire Date \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Gross Salary Per Month \$ \_\_\_\_\_ Employed:  Full-Time Fire or Police ...  
 Part-Time Fire or Police...  
 \* Full-Time Clerical .....  
 \* Part-Time Clerical .....

Rank/Position \_\_\_\_\_ Average Number of Hours Per Week \_\_\_\_\_

Full-time = Member is expected to work at least 1,600 hours in a calendar year. | Part-time = Member is expected to work less than 1,600 hours in a calendar year.  
\* Clerical or other personnel whose duties are auxiliary to fire protection.

## PART C - BENEFICIARY DESIGNATION

To designate or change beneficiaries for FPPA accounts that are serviced by Fidelity Investments® (Statewide Money Purchase, Statewide Hybrid Plan - Money Purchase Component, Self-directed SRA, 457 Deferred Compensation or DROP), please contact Fidelity Investments® directly at (800) 343-0860.

X

\_\_\_\_\_  
Your Signature

\_\_\_\_\_  
Date