

**MODEL RESOLUTION  
INCLUSION OF PEACE OFFICERS, POLICE OFFICERS AND FIRE  
FIGHTERS FOR EMPLOYERS PROVIDING SOCIAL SECURITY**

(Note: The adopting entity should change "Employer" to the entity's legal name and may adapt the model to follow its own format for resolutions.)

**WHEREAS**, Employer covers its [*police officers, peace officers and/or firefighters*] under the federal Social Security Act; and

**WHEREAS**, pursuant to § 31-31-704.5 C.R.S., *Employer* desires to affiliate with the Fire and Police Pension Association for purposes of supplemental coverage under (*choose one option*):

\_\_\_\_\_ The statewide defined benefit plan under § 31-31-401 *et seq.*, C.R.S.

\_\_\_\_\_ Both the statewide defined benefit plan under § 31-31-401 *et seq.*, C.R.S. and the statewide death and disability plan for those hired on or after the effective date under § 31-31-801 *et seq.*, C.R.S.

\_\_\_\_\_ The statewide hybrid plan under §31-31-1102 *et seq.*, C.R.S.

\_\_\_\_\_ Both the statewide hybrid plan under §31-31-1102 *et seq.*, C.R.S. and the statewide death and disability plan for those hired on or after the effective date under §31-31-801 *et seq.*, C.R.S.

\_\_\_\_\_ The statewide defined benefit plan supplemental social security component under §31-31-704.6 *et seq.*, C.R.S.

**WHEREAS**, *Employer*, in addition to social security benefits, currently (*choose one*):

\_\_\_\_\_ provides a defined contribution plan.

\_\_\_\_\_ does not provide an additional pension plan.

NOW THEREFORE BE IT RESOLVED by the *Employer* that:

1. The *Employer* does hereby intend to cover its [*police officers / peace officers / fire fighters*] whose duties are directly involved with the

provision of police and fire protection under one of the following options:

*[the social security supplemental plan component of the statewide defined benefit plan established pursuant to §31-31-704.6 C.R.S.,]*

*[the statewide defined benefit plan under §31-31-404 et seq., C.R.S., and the statewide death and disability plan under §31-31-801 et seq., C.R.S.]*

*[the statewide defined benefit plan under §31-31-404 et seq., C.R.S., without the statewide death and disability plan*

*[the statewide hybrid plan under §31-31-1102 et seq. C.R.S., and the statewide death and disability plan established pursuant to ]*

*[the statewide hybrid plan under §31-31-1102 et seq., C.R.S., without the statewide death and disability plan]*

2. CHOOSE ONE:

(a) The social security supplemental plan component of the statewide defined benefit plan shall be funded by contributions as established in §31-31-704.6(3) C.R.S. Contributions for the social security supplemental plan component of the statewide defined benefit plan are as follows:

<b>Statewide Defined Benefit Plan   Social Security Component Contribution Rate Implementation Schedule</b>			
<b>Effective Date</b>	<b>Member Contribution Rate</b>	<b>Employer Contribution Rate</b>	<b>Total Combined Contribution Rate</b>
Jan 1, 2019	<b>5.25%</b>	<b>4.0%</b>	<b>9.25%</b>
Jan 1, 2020	<b>5.50%</b>	<b>4.0%</b>	<b>9.5%</b>
Jan 1, 2021	<b>5.75%</b>	<b>4.0%</b>	<b>9.75%</b>
Jan 1, 2022 and thereafter	<b>6.0%</b>	<b>4.0%</b>	<b>10.0%</b>

In addition to these contributions there is an Affiliation Cost for this plan of 1.8% for current active members and 0.8% for future hires on or after the effective date.

(b) The statewide defined benefit plan shall be funded by contributions as established in FPPA Rule 300. Contributions for the statewide defined benefit plan are as follows:

<b>Statewide Defined Benefit Plan Contribution Rate Implementation Schedule</b>			
<b>Effective Date</b>	<b>Member Contribution Rate</b>	<b>Employer Contribution Rate</b>	<b>Total Combined Contribution Rate</b>
Jan 1, 2019	<b>10.5%</b>	<b>8.0%</b>	<b>18.5%</b>
Jan 1, 2020	<b>11.0%</b>	<b>8.0%</b>	<b>19.0%</b>
Jan 1, 2021	<b>11.5%</b>	<b>8.0%</b>	<b>19.5%</b>
Jan 1, 2022 and thereafter	<b>12.0%</b>	<b>8.0%</b>	<b>20.0%</b>

In addition to these contributions there is an Affiliation Cost for this plan of 3.4% for current active members and 1.6% for future hires on or after the effective date without statewide death and disability coverage and 0.0% for future hires with statewide death and disability coverage.

(c) The statewide hybrid plan shall be funded by contributions as established in §31-31-1102(4)(a), C.R.S. Contributions for the statewide hybrid plan are as follows:

<b>Statewide Hybrid Plan Contribution Rates</b>		
<b>Minimum Member Contribution Rate</b>	<b>Minimum Employer Contribution Rate</b>	<b>Total Minimum Combined Contribution Rate</b>
<b>8.0%</b>	<b>8.0%</b>	<b>16.0%</b>

In addition to these contributions there is an Affiliation Cost for this plan of 3.1% for current active members and 1.4% for future hires on or after the effective date without statewide death and disability coverage and 0.0% for future hires with statewide death and disability coverage.

3. Affiliation Costs will be re-evaluated on the second anniversary of the effective date in the plan. The Affiliation Cost will be [*paid by the employer, the member, or a 50%/50% split*] as determined by the employer.
4. Coverage shall become effective on \_\_\_\_\_, 20\_\_, assuming all necessary forms, procedures, election of the membership if required, and other relevant work is completed.
5. The Employer makes the following certifications:
  - a. All active [*fire fighters/police officers/peace officers*] will elect to remain in their current plan or participate in the FPPA plan chosen by the Employer. All future hires will participate in the FPPA plan chosen by the Employer.
  - b. The Employer acknowledges that the department's election to participate in the FPPA plan is irrevocable.
  - c. The Employer agrees to participate in the FPPA plan as described herein and to be bound by the terms of the plan and the decisions and actions of the board with respect to the plan.
6. This affiliation resolution shall be revocable at any time prior to the filing of the Certification of Compliance. Upon filing of the Certification of Compliance with FPPA, the affiliation becomes irrevocable.
7. The *Employer's clerk or secretary* is directed to file a certified copy of this resolution with the Fire and Police Pension Association as soon as is practicable and *Employer's staff* is directed to take all other actions necessary to implement the coverage.

Approved this \_\_\_ day of \_\_\_\_\_, 20\_\_, by the *governing body* of [*Employer*].

APPROVED:

\_\_\_\_\_

*[Chairman of the District or of the Board of  
County Commissioners, City Manager,  
Mayor, President]*

ATTEST:

\_\_\_\_\_  
*[Secretary or Clerk]*

*(Additionally for Counties including sheriff deputies):*

APPROVED:

\_\_\_\_\_  
County Sheriff

\_\_\_\_\_  
Date