



INSTRUCTIONS:

1. **Complete and return this form between April 1 and July 15.** No late submissions will be accepted.
2. **Email the following documents to PERASVF@mnpera.org.**
 - » this completed form
 - » copy of the current by-laws
 - » current pension asset statements

Requesting a cost analysis does not obligate your fire department to join the SVF Plan.

PART A—GENERAL INFORMATION

NAME OF FIRE DEPARTMENT	PHONE NUMBER
NAME OF FIRE CHIEF	EMAIL ADDRESS

PART B—BENEFIT LEVEL INFORMATION

CURRENT BENEFIT LEVEL
Lump-sum: \$ _____ per year Monthly: \$ _____ per month

BENEFIT LEVEL AMOUNTS TO BE INCLUDED IN COST ANALYSIS:

- » Your existing benefit level may not be decreased
- » Departments with no prior relief association must start at a benefit level of \$500
- » Benefit level range between \$500 to \$15,000
- » Benefit levels are in increments of \$100 (Per Minn. Stat. § 353G.11 subd.3)

BENEFIT LEVEL 1	BENEFIT LEVEL 2	BENEFIT LEVEL 3	BENEFIT LEVEL 4
\$ _____	\$ _____	\$ _____	\$ _____

PART C—VESTING SCHEDULE INFORMATION**CURRENT VESTING SCHEDULE:**

- ☐ 40% after 5 years, increasing by 4% until 100% at 20 years
- ☐ 40% after 5 years, increasing by 12% until 100% at 10 years
- ☐ 40% after 10 years, increasing by 6% until 100% at 20 years
- ☐ 50% after 10 years, increasing by 6% until 100% at 20 years (not eligible for PERA vesting schedule 3)
- ☐ 60% after 10 years, increasing by 6% until 100% at 20 years (not eligible for PERA vesting schedule 3)
- ☐ Other _____

CHOOSING A PERA VESTING SCHEDULE:

The entity may NOT select a vesting schedule that requires more years of service to become partially or fully vested than the vesting schedule in effect under the relief association.

- ☐ Vesting Schedule 1: 40% after 5 years, increasing by 4% until 100% at 20 years
- ☐ Vesting Schedule 2: 40% after 5 years, increasing by 12% until 100% at 10 years
- ☐ Vesting Schedule 3: 40% after 10 years, increasing by 6% until 100% at 20 years

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PART D—CONTACT INFORMATION**RELIEF ASSOCIATION****This signature authorized the Request for Cost Analysis (please print)**

NAME OF RELIEF ASSOCIATION		NAME OF BOARD REPRESENTATIVE	
SIGNATURE OF BOARD REPRESENTATIVE	DATE (MM/DD/YY) / /	EMAIL ADDRESS	PHONE NUMBER

GOVERNING BODY**This signature authorized the Request for Cost Analysis (please print)**

- ☐ Municipality (only one signature is required)
- ☐ Independent nonprofit firefighter corporation (only one signature is required)
- ☐ Joint powers entity (a governing body representative from each of the joint powers entity must sign)

(1) NAME OF GOVERNING BODY		NAME OF AUTHORIZING OFFICER	
SIGNATURE OF AUTHORIZING OFFICER	DATE (MM/DD/YY) / /	EMAIL ADDRESS	PHONE NUMBER

(2) NAME OF GOVERNING BODY		NAME OF AUTHORIZING OFFICER	
SIGNATURE OF AUTHORIZING OFFICER	DATE (MM/DD/YY) / /	EMAIL ADDRESS	PHONE NUMBER

(3) NAME OF GOVERNING BODY		NAME OF AUTHORIZING OFFICER	
SIGNATURE OF AUTHORIZING OFFICER	DATE (MM/DD/YY) / /	EMAIL ADDRESS	PHONE NUMBER

(4) NAME OF GOVERNING BODY		NAME OF AUTHORIZING OFFICER	
SIGNATURE OF AUTHORIZING OFFICER	DATE (MM/DD/YY) / /	EMAIL ADDRESS	PHONE NUMBER

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PART E—ASSET LISTING

The State Board of Investment (SBI) is required to review any assets that might be transferred to the SVF Plan. List all investments or bank accounts in the special fund and provide recent statements for each account.

AMOUNT OF SPECIAL FUND ASSETS

Date: \$

TYPE OF ASSET/INVESTMENT/BANK ACCOUNT	BALANCE	AS OF DATE (MM/DD/YY) / /
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WHAT HAPPENS NEXT

PERA will send you cost analysis results based on your coverage request:

- » SBI will complete an asset review and share asset portfolio recommendations to transfer into the SVF Plan.
- » You have 120 days from the receipt of the cost analysis to decide if you will participate in the SVF Plan.
- » You must submit resolution(s) within 120 days to indicate PERA plan coverage beginning January 1 of the following year.
- » Your existing retirement plan coverage will remain the same if we do not receive resolutions within 120 days.