

# LOPFI

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## LOCAL POLICE & FIRE RETIREMENT SYSTEM

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Little Rock, Arkansas 72201-2223  
Telephone: 501.682.1745  
email: [info@lopfi-prb.com](mailto:info@lopfi-prb.com)  
website: [www.lopfi-prb.com](http://www.lopfi-prb.com)

To: Paid Service Police and Fire Departments

From: Local Police and Fire Retirement System (LOPFI)

Re: Benefit Program 1 (BP1)  
Retirement Coverage for Paid Police Officers and Firefighters

Date: Year 2024

Thank you for your interest in the Local Police and Fire Retirement System (LOPFI). LOPFI was created to provide retirement coverage for police officers and firefighters; however, coverage does not extend to civilian personnel.

Employers are required to maintain current contact information on file with LOPFI and utilize LOPFI's Employer Reporting Portal (ERP). The ERP permits employers to enroll their Members, submit Monthly Payroll Reports, and remit the monthly required payment online. The use of the ERP allows for secure and timely Member enrollment and helps ensure that all reports and required payments are received by the deadline of the 10<sup>th</sup> of each month. Once all required documents are received showing coverage was properly adopted, instructions on how to access and navigate the ERP will be provided.

For the year 2024, the uniform employer contribution rate for paid service departments is 23.83% of gross reportable pay. Adoption paperwork must be received no later than December 13<sup>th</sup> to be eligible for Premium Tax allocations which helps fund up to 40% of the employer contribution cost.

Police officers and firefighters covered by social security with their LOPFI-covered employer contribute 3.5% of their gross monthly reportable pay. Police officers and firefighters not covered by social security with their LOPFI-covered employer contribute 9.5% of their gross monthly reportable pay. All Member contributions are withheld on a pre-tax basis and remitted by the employer via the ERP.

The *Acknowledgement of Responsibility* checklist and accompanying documents must be completed and received by LOPFI within ten (10) calendar days of the approval of adoption along with a copy of minutes from the governing body's meeting at which the approval was given to adopt coverage. The minutes must show the governing body clearly authorized the adoption of LOPFI coverage. **If you cannot meet the financial obligations as well as the reporting requirements and deadlines, we do not recommend that you adopt LOPFI coverage.**

Please contact LOPFI Membership Services at the number above or by email with questions.

# Local Police and Fire Retirement System (LOPFI)

## Acknowledgement of Responsibility to Adopt LOPFI coverage

The following checklist **must** be completed and returned to LOPFI along with all the required documents listed below. LOPFI must receive all of the properly completed documents listed below, via original hard copy, ***within 10 calendar days of the meeting*** when the adoption was approved; otherwise, the process will need to start anew:

Please check each box for Acknowledgement of Responsibility to Adopt LOPFI coverage:

- Contact Information – All contact information must be provided to LOPFI in order to have access to the Employer Reporting Portal.
  
- Ordinance or Resolution – This shows the governing body (City Council/Board of Directors/Commissioners) approved the adoption of LOPFI coverage. Coverage shall be effective the first of the month following the approval. An Ordinance is required from municipalities. All other employers will use a Resolution.
  
- Agreement to Adopt Retirement Coverage and Acknowledgement of Responsibility to Adopt LOPFI coverage – This serves as a formal acknowledgement by the governing body (City Council/Board of Directors/Commissioners) that it is understood the adoption of LOPFI coverage is **irrevocable**, the department must maintain functioning email and internet capability, use LOPFI’s web-based Employer Reporting Portal to submit Monthly Payroll Reports and remit all payments by the 10<sup>th</sup> of each month.
  
- Copy of minutes from the governing body’s meeting at which the approval was given to adopt LOPFI coverage. The minutes must show the governing body clearly authorized the adoption of LOPFI coverage.

Once LOPFI receives all the required documents listed above, instructions on how to access and navigate the Employer Reporting Portal will be provided.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print name of City Clerk/Treasurer/Secretary  
Officer

\_\_\_\_\_  
Print name of Mayor/Chief Executive

\_\_\_\_\_  
Signature of City Clerk/Treasurer/Secretary

\_\_\_\_\_  
Signature of Mayor/Chief Executive Officer

## Contact Information

Employer Name: \_\_\_\_\_  
(Example: Town of, City of, Fire District, etc.)

Name of County: \_\_\_\_\_ Primary Telephone: \_\_\_\_\_

Please indicate all types of service (Paid and/or Volunteer) by checking the appropriate box(es) below:

*Note: When adopting LOPFI coverage **all** police officers/firefighters of the department (paid and volunteer) **must** be immediately enrolled. \*This includes probationary/reserve/part-paid/auxiliary employees that meet the definition of a police officer or firefighter as described in LOPFI Board Rule #15, which is available on our website.*

- |   |   |                              |                              |
|---|---|------------------------------|------------------------------|
| <input type="checkbox"/> Paid Police <u>not</u> covered by social security                | - | <input type="checkbox"/> BP1 | <input type="checkbox"/> BP2 |
| <input type="checkbox"/> Paid Police <u>covered</u> by social security                    | - | <input type="checkbox"/> BP1 | <input type="checkbox"/> BP2 |
| <input type="checkbox"/> Paid Police Academy Instructor <u>covered</u> by social security | - | <input type="checkbox"/> BP1 | <input type="checkbox"/> BP2 |
| <input type="checkbox"/> Volunteer Police*  | - | <input type="checkbox"/> BP3 | <input type="checkbox"/> BP4 |
| <input type="checkbox"/> Paid Fire <u>not</u> covered by social security                  | - | <input type="checkbox"/> BP1 | <input type="checkbox"/> BP2 |
| <input type="checkbox"/> Paid Fire <u>covered</u> by social security                      | - | <input type="checkbox"/> BP1 | <input type="checkbox"/> BP2 |
| <input type="checkbox"/> Paid Fire Academy Instructor <u>covered</u> by social security   | - | <input type="checkbox"/> BP1 | <input type="checkbox"/> BP2 |
| <input type="checkbox"/> Volunteer Fire*  | - | <input type="checkbox"/> BP3 | <input type="checkbox"/> BP4 |

Name of Main Contact: \_\_\_\_\_ Title: \_\_\_\_\_

Email for Main Contact: \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
\_\_\_\_\_

Alternate Day Telephone: \_\_\_\_\_

**If the main contact listed above will complete the Monthly Payroll Report, e-Payment, and enroll new Members (have all permissions), please check this box:**

*The main contact will be responsible for keeping all contact information up to date as required by LOPFI. As an added layer of security, LOPFI requires all locations to have at least two (2) individuals listed as a contact.*

# Employer Reporting Portal Tasks

If the Main Contact listed on Page 1 does not have all permissions (completing Monthly Payroll Report, e-Payment, enrollment of new Members), or you would like to create additional users, please complete the items below. **Remember to use a different email address for each person.**

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Email Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

Does this person need permissions to **view** the Monthly Payroll Report:  Yes  No  
Does this person need permissions to **submit** the Monthly Payroll Report:  Yes  No  
Does this person need permissions to **submit** Membership Applications:  Yes  No  
Does this person need permissions to **submit** e-Payment:  Yes  No

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Name: \_\_\_\_\_ Title: \_\_\_\_\_

Email Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

Does this person need permissions to **view** the Monthly Payroll Report:  Yes  No  
Does this person need permissions to **submit** the Monthly Payroll Report:  Yes  No  
Does this person need permissions to **submit** Membership Applications:  Yes  No  
Does this person need permissions to **submit** e-Payment:  Yes  No

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Name: \_\_\_\_\_ Title: \_\_\_\_\_

Email Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

Does this person need permissions to **view** the Monthly Payroll Report:  Yes  No  
Does this person need permissions to **submit** the Monthly Payroll Report:  Yes  No  
Does this person need permissions to **submit** Membership Applications:  Yes  No  
Does this person need permissions to **submit** e-Payment:  Yes  No

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# Department Contact Information

Name of Police Chief: \_\_\_\_\_

Police Chief Telephone: \_\_\_\_\_

Police Chief Email: \_\_\_\_\_

Is this the same mailing address as the main contact on Page 1:  Yes  No, please complete address below.

Police Department mailing address: \_\_\_\_\_

\_\_\_\_\_

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Name of Fire Chief: \_\_\_\_\_

Fire Chief Telephone: \_\_\_\_\_

Fire Chief Email: \_\_\_\_\_

Is this the same mailing address as the main contact on Page 1:  Yes  No, please complete address below.

Fire Department mailing address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Print name of Clerk/Treasurer/Secretary

\_\_\_\_\_

Print name of Mayor/Chief Executive Officer

\_\_\_\_\_

Signature of Clerk/Treasurer/Secretary

\_\_\_\_\_

Signature of Mayor/Chief Executive Officer

CITY OF \_\_\_\_\_, ARKANSAS

ORDINANCE 202\_\_\_\_-\_\_\_\_

WHEREAS, the City of \_\_\_\_\_, Arkansas desires to provide its eligible employees with Benefit Program 1 coverage by the Arkansas Local Police and Fire Retirement System (LOPFI); and

WHEREAS, the City of \_\_\_\_\_, Arkansas desires to enter into an irrevocable agreement to adopt retirement coverage for its:

- Firefighters  Police Officers

NOW, THEREFORE, BE IT ORDAINED BY THE CITY COUNCIL OF THE CITY OF \_\_\_\_\_, ARKANSAS:

Section 1. The City Council of the City of \_\_\_\_\_, Arkansas has, by a majority vote, agreed to cover the following group of employees under LOPFI:

- Firefighters  Police Officers

Section 2. The Mayor and the City Clerk/Treasurer are authorized to execute any and all agreements to adopt retirement coverage and other documents related thereto for the purposes of enrolling the above referenced group of employees in LOPFI. The effective date for the election to adopt LOPFI coverage shall be the first day of the month following the adoption of the Ordinance.

Section 3. The City Clerk shall certify in a manner and form acceptable to the Board of Trustees of LOPFI the determination of the City to adopt LOPFI retirement coverage within ten (10) calendar days of the date of this Ordinance.

Section 4. The purpose of this Ordinance is to comply with the requirements of ACA 24-10-302 as well as all Arkansas law governing the requirements to adopt LOPFI retirement coverage.

Section 5. A copy of this Ordinance, duly certified by the City Clerk, shall be filed with the LOPFI office and the City Clerk's office.

Section 6. This Ordinance shall take effect and be in force from and after its passage.

Passed this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_\_.

Attest:

\_\_\_\_\_  
Print Name of Mayor

\_\_\_\_\_  
Signature of Mayor

\_\_\_\_\_  
Print Name of City Clerk/Treasurer

\_\_\_\_\_  
Signature of City Clerk/Treasurer

**THE GOVERNING BODY OF THE \_\_\_\_\_ DEPARTMENT**

**RESOLUTION 202\_\_\_\_ - \_\_\_\_\_**

WHEREAS, the Governing Body of the \_\_\_\_\_ Department authorizes the election of Benefit Program 1 as provided by the Arkansas Local Police and Fire Retirement System (LOPFI) and codified in ACA 24-10-302, for all eligible employees who are:

- Firefighters       Police Officers

**NOW, THEREFORE, BE IT ORDAINED BY THE GOVERNING BODY OF THE  
\_\_\_\_\_ DEPARTMENT:**

Section 1. The Governing Body of the \_\_\_\_\_ Department has, by a majority vote, agreed to cover the following group of employees under LOPFI:

- Firefighters       Police Officers

Section 2. The Chief Executive Officer of the Governing Body is authorized to execute any and all agreements to adopt retirement coverage and other documents related thereto for the purposes of enrolling the above referenced group of employees in LOPFI.

Section 3. The Chief Executive Officer shall certify in a manner and form acceptable to the Board of Trustees of LOPFI the determination of the Governing Body to adopt LOPFI retirement coverage within ten (10) calendar days of the date of this Resolution.

Section 4. The purpose of this Resolution is to comply with the requirements of ACA 24-10-302 as well as all Arkansas law governing the requirements to adopt LOPFI retirement coverage.

Section 5. This Resolution shall take effect and be in force from and after its passage.

Passed this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_\_.

\_\_\_\_\_  
Print Name of Chief Executive Officer

Attest:

\_\_\_\_\_  
Signature of Chief Executive Officer

\_\_\_\_\_  
Print Name of Secretary/Treasurer

\_\_\_\_\_  
Signature of Secretary/Treasurer

# LOCAL POLICE AND FIRE RETIREMENT SYSTEM (LOPFI) AGREEMENT TO ADOPT RETIREMENT COVERAGE

The \_\_\_\_\_  
(Governing Body, i.e. City or Town Council, Board of Directors)

of the \_\_\_\_\_  
(Employer Group i.e. City, Town, Improvement District)

located at \_\_\_\_\_  
(Physical Address)

desires to provide its eligible employees with retirement coverage by the Arkansas Local Police and Fire Retirement System (LOPFI). Signing of this Agreement certifies the eligible employment of such employees are not now covered by a retirement plan (Social Security excepted) and that LOPFI has advised what the initial employer contribution rate(s) will be upon adopting LOPFI coverage.

The \_\_\_\_\_  
(Governing Body)

on behalf of \_\_\_\_\_  
(Name of Employer Group)

a “political subdivision” as defined in ACA 24-10-101 et. seq, makes an irrevocable decision to join LOPFI and cover all its eligible present and future employees who are:

- (check appropriate box(es))*
- “Firefighter”, as defined by LOPFI
  - “Police Officer”, as defined by LOPFI
  - “Fire Academy Instructor”, as defined by LOPFI
  - “Police Academy Instructor”, as defined by LOPFI

Retirement coverage shall begin the first day of \_\_\_\_\_, \_\_\_\_\_ .  
(Month) (Year)

The \_\_\_\_\_  
(Name of Employer Group)

understands employer contributions (and member contributions when applicable) are effective the first day of the month following the adoption of LOPFI coverage and shall deduct from the covered pay of each paid employee the applicable member contributions and to promptly remit the deductions, together with the required employer contributions, in the time and manner as directed by LOPFI.

CONTINUED ON BACK



As a condition of joining LOPFI the \_\_\_\_\_  
(Name of Employer Group)

understands and agrees functioning email and internet capability shall be maintained and to use LOPFI's web-based employer reporting and shall remit all payments to LOPFI by e-Payment.

\_\_\_\_\_  
(Chief Executive Officer of Governing Body)

**CERTIFICATION**

I hereby certify all information on this Agreement is true and accurately records the approved action of adopting LOPFI

coverage for \_\_\_\_\_  
(Name of Employer Group)

located at \_\_\_\_\_  
(Physical Address)

\_\_\_\_\_  
(Secretary/Clerk/Treasurer)

\_\_\_\_\_  
(Date)

Original Agreement must be filed with LOPFI. Copies are not accepted.

LOPFI  
620 W. 3<sup>rd</sup> Street, Suite 200  
Little Rock, AR 72201-2223