

LOPFI

LOCAL POLICE & FIRE RETIREMENT SYSTEM

620 W. 3rd Street, Suite 200
Little Rock, Arkansas 72201-2223
Telephone: 501.682.1745
email: info@lopfi-prb.com
website: www.lopfi-prb.com

To: Volunteer Police and Fire Departments

From: Local Police and Fire Retirement System (LOPFI)

Re: Benefit Program 4 (BP4)
Enhanced Retirement Coverage for Volunteer 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. Rural fire departments must be a certified fire department that is at least five (5) years old; have a minimum ISO rating of nine (9) or better; and have regular audits that show a positive ratio of income/assets to expenses/liabilities.

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 10th 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 volunteer service departments is \$60.00, plus an additional \$20.00, per Member per month. Adoption paperwork must be received no later than December 13th to be eligible for Premium Tax allocations which helps fund approximately 90% of the employer contribution cost; however, Premium Tax does not cover the additional \$20.00 per Member per month. Example: LOPFI received acceptable adoption paperwork prior to December 13, 2023, the 2024 employer rate will be \$26.00 per Member per month (10% of the \$60.00 plus the additional \$20.00). LOPFI did not receive acceptable adoption paperwork prior to December 13, 2023, the 2024 employer rate will be \$80.00 per Member per month.

Member contributions are not required for coverage under BP4.

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:

- Draft Audit Letter – (This letter is required for volunteer departments only). The draft audit letter must be re-typed on department/city letterhead to certify regular audits occur and demonstrate that the department confirms they can afford 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 10th 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

This is an example – please see instructions below

Instructions:

This letter must be re-typed on appropriate letterhead for the specific volunteer department/city/town, etc. that desires to adopt LOPFI coverage for their volunteer firefighters and/or police officers. The properly completed formal version will be submitted to LOPFI.

Date

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

Dear LOPFI:

This letter certifies that regular financial audits have been completed for the _____ Volunteer _____ Department. All audits have shown that a positive ratio of income/assets to expenses/liabilities for the past five (5) years exists. Further, all audits demonstrate the department's financial ability to adopt LOPFI retirement coverage is present. The department understands an annual audit will help ensure the department is able to meet its ongoing financial commitments. In addition, the department maintains a current ISO rating of

Respectfully,

Signature

Printed name (Either the Treasurer, Fire Chief or Police Chief with Title)

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

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

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

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: _____

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: _____

CITY OF _____, ARKANSAS

ORDINANCE 202 ____ - ____

WHEREAS, the City Council of the City of _____, Arkansas authorizes the election of Benefit Program 4 as provided by the Arkansas Local Police and Fire Retirement System (LOPFI) and codified in ACA 24-10-602, for all eligible employees who are:

- 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 elect Benefit Program 4 for the following group of employees under LOPFI:

- Firefighters Police Officers

Section 2. The Mayor and the City Clerk/Treasurer are authorized to execute and provide LOPFI an approved copy of this Ordinance granting the implementation of Benefit Program 4 for the eligible employees identified in Section 1. The effective date for the election of Benefit Program 4 shall be the first day of the month following the adoption of this Ordinance.

Section 3. The City Council understands and agrees that the additional employer contribution costs resulting from the election of Benefit Program 4 shall be the sole responsibility of the City of _____, Arkansas and the city will not be eligible for or receive any funding assistance from Premium Tax for these costs. The additional employer contributions will begin upon the effective date of the adoption of Benefit Program 4.

Section 4. It is the intent of the City Council and it is hereby ordained that the provisions of this Ordinance shall be codified into the Code of Ordinances of _____, Arkansas and the sections thereof may be re-numbered and re-lettered as necessary to accomplish such intention. A copy of this Ordinance, duly certified by the City Clerk, shall be filed with the LOPFI office within ten (10) calendar days of its adoption, and with the City Clerk's office.

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

Passed this ____ day of _____ 20 ____.

Attest:

Print Name of City Clerk/Treasurer

Print Name of Mayor

Signature of Mayor

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 4 as provided by the Arkansas Local Police and Fire Retirement System (LOPFI) and codified in ACA 24-10-602, 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 elect Benefit Program 4 for the following group of employees under LOPFI:

- Firefighters Police Officers

Section 2. The Chief Executive Officer of the Governing Body is authorized to execute and provide LOPFI an approved copy of this Resolution granting the implementation of Benefit Program 4 for the eligible employees identified in Section 1. The effective date for the election of Benefit Program 4 shall be the first day of the month following the adoption of this Resolution.

Section 3. The Governing Body understands and agrees that the additional employer contribution costs resulting from the election of Benefit Program 4 shall be the sole responsibility of the LOPFI-covered department identified in Section 1 and said department will not be eligible for or receive any funding assistance from Premium Tax for these costs. The additional employer contributions will begin upon the effective date of the adoption of Benefit Program 4.

Section 4. An original version of this properly executed Resolution, duly certified by the Secretary/Clerk/Treasurer of the Governing Body, shall be filed with the LOPFI office within ten (10) calendar days of its adoption.

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. 3rd Street, Suite 200
Little Rock, AR 72201-2223