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: Paid Service Police and Fire Departments

From: Local Police and Fire Retirement System (LOPFI)

Re: Benefit Program 2 (BP2)
Enhanced Retirement Coverage for Paid Police Officers and Firefighters

Date: Year 2027

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. Coverage does not extend to civilian personnel.

Employers **must** maintain current contact information on file with LOPFI and utilize LOPFI's Employer Reporting Portal (ERP). 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 the ERP will be provided. Instructions on completing ERP tasks are posted within the ERP.

For the 2027 calendar year, the uniform employer contribution rate for paid service departments is 24.50% of gross reportable pay. To be eligible for Premium Tax allocations (which helps fund up to 40% of the employer contribution costs) in the 2028 calendar year, adoption paperwork must be received no later than December 14, 2027. If the Premium Tax qualification deadline is missed, employers will be responsible for the full uniform rate of 24.50% until qualification for Premium Tax occurs. For example, departments that submitted adoption paperwork after the December 2026 deadline did not qualify for Premium Tax allocations in 2027.

For departments whose employees are NOT also covered by Social Security, there is an additional 2.5% added to the employer contribution rate. Please note that Premium Tax does not cover the additional 2.5%.

LOPFI Benefit Program 2 (BP2) is an optional Benefit Program that provides police officers and firefighters with an enhanced lifetime monthly benefit. Regardless of social security coverage with their LOPFI-covered employer, Member contributions are 9.5%. All Member contributions are withheld on a pre-tax basis and remitted by the employer via the ERP.

All accompanying documents must be properly 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)

Adoption Paperwork Checklist

The following checklist is being provided to aid with the proper completion of all the adoption paperwork. LOPFI must receive the properly completed documents listed below, ***within 10 calendar days of the meeting*** when the adoption was approved; otherwise, the process will need to start anew:

___ Contact Information – All contact information must be provided to LOPFI in order to have access to the Employer Reporting Portal (ERP). ***Employers are required to maintain current contact information on file with LOPFI and utilize LOPFI's ERP***.

___ Ordinance – 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.

___ Agreement to Adopt Retirement Coverage and LOPFI Reporting and Financial Responsibility Form – 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 ERP 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 all required documents are received showing coverage was properly adopted, instructions on how to access the ERP will be provided. Instructions on completing ERP tasks are posted within the ERP.

If the department cannot meet the ongoing financial obligations as well as the reporting requirements and deadlines, we do not recommend that you adopt LOPFI coverage.

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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.*

☐ Paid Police not covered by social security	-	☐ BP1	☐ BP2
☐ Paid Police covered by social security	-	☐ BP1	☐ BP2
☐ Volunteer Police*	-	☐ BP3	☐ BP4
☐ Paid Fire not covered by social security	-	☐ BP1	☐ BP2
☐ Paid Fire covered by social security	-	☐ BP1	☐ BP2
☐ Volunteer Fire*	-	☐ BP3	☐ BP4

Name of Main Contact: _____Title: _____

Alternate Day Telephone: _____ Gender: Male/Female

Email for Main Contact: _____

Mailing Address: _____

_____

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 and any user assigned the Manage Contacts & Users permission 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 <u>does not</u> 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. ***<u>Remember to use a different email address for each person. Please do NOT use an individual's personal/home mailing address.</u>***

Name: _____ Title: _____

Telephone: _____ Gender: Male/Female

Email Address: _____

Mailing Address: _____

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

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Name: _____ Title: _____

Telephone: _____ Gender: Male/Female

Email Address: _____

Mailing Address: _____

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

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Name: _____ Title: _____

Telephone: _____ Gender: Male/Female

Email Address: _____

Mailing Address: _____

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

Department Contact Information

Name of Police Chief: _____

Police Chief Telephone: _____ Gender: Male/Female

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: _____ Gender: Male/Female

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: _____

_____

_____
Date

_____ _____
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 Council of the City of _____, Arkansas authorizes the election of Benefit Program 2 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 2 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 2 for the eligible employees identified in Section 1. The effective date for the election of Benefit Program 2 shall be the first day of the month following the adoption of this Ordinance.

Section 3. The City Council understands and agrees that there is an additional employer contribution costs, for the departments whose employees are NOT also covered by Social Security, resulting from the election of Benefit Program 2. Further the additional costs 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 2.

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___ .

_____
Print Name of Mayor

Attest:

_____
Signature of Mayor

_____
Print Name of City Clerk/Treasurer

_____
Signature of City Clerk/Treasurer

LOPFI LOPFI

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 Local Police and Fire Retirement System (LOPFI). Signing 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 email and internet capability shall be maintained to use LOPFI's web-based employer reporting portal 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)

Send completed original to:

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LOPFI Reporting and Financial Responsibility Form

Employers are required to use the Employer Reporting Portal (ERP) to enroll Members, maintain current contact information, submit Monthly Payroll reports, and remit the required monthly payment. By signing this form, the city and/or department acknowledges that they are aware of the following requirements:

- I acknowledge that a condition of joining LOPFI is that the department must have functioning email and internet capability.
- I acknowledge the monthly report is due to LOPFI no later than the 10th of each month.
- I acknowledge the monthly payment is due to LOPFI no later than the 10th of each month.
- I acknowledge that all police officers and firefighters (*paid and volunteer*) must immediately be enrolled in LOPFI as of the date their employment begins. ****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 LOPFI's website.*
- I acknowledge that LOPFI enrollment cannot legally be delayed for any period of probation.
- I acknowledge that failure to respond to LOPFI requests for information, delayed Member enrollment, late monthly reporting, or late monthly payment could result in penalties and/or having state funding withheld for being out of compliance.

The adoption of LOPFI coverage is an irrevocable decision. If you cannot meet the ongoing financial obligation as well as the reporting requirements and deadlines, we do not recommend that you adopt LOPFI coverage.

_____ _____

Print name of Clerk/Treasurer/Secretary | Print name of Mayor/Chief Executive Officer

_____ _____

Signature of City Clerk/Treasurer/Secretary | Signature of Mayor/Chief Executive Officer

Send completed original to:
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