



MEMORANDUM

From: Kenneth A. Simpler, State Treasurer
To: State, County, and Municipal Police Departments
Date: March 1st, 2016
Subject: **Annual Registration for Police Pension Benefits**

Enclosed you will find the annual registration form for Police Pension Fund Benefits which, in accordance with Title 18 Delaware Code, Section 709, must be filed with the Office of the State Treasurer not later than April 1, 2016. A self-calculating registration form is available at <http://www.treasurer.delaware.gov/forms.shtml> under the link, "Forms." In addition to filing a completed registration form, please provide copies of any changes or amendments to your Police Pension Fund Plan(s) made since the last registration.

Municipal and county governments are permitted to participate in a pension plan administered by the Office of Pensions. If you wish to explore this option, contact the Office of Pensions, Manual Load Section (Open_Manual_Loads_Help@state.de.us) at 860 Silver Lake Boulevard, Ste. 100, Dover, DE 19904 or call 302-739-4208.

If you have any questions or need assistance, please feel free to contact Rebecca Zink at 302-672-6709 or rebecca.zink@state.de.us.

Enclosure

SCHEDULE A

**COMPUTATION OF POLICE OFFICERS REGISTERED FOR
POLICE PENSION FUND BENEFITS**

In accordance with 18 Del. C. Section 709, the following is a computation of the average number of paid, full-time, sworn officers employed during the year ending December 31, 2015.

No part-time or seasonal police officers are to be included in this computation.

1. Name of Reporting Organization: _____

<u>Month</u>	<u>Number of Police Officers Employed 15 days or more during the month.</u>
January	_____
February	_____
March	_____
April	_____
May	_____
June	_____
July	_____
August	_____
September	_____
October	_____
November	_____
December	_____
3. Total	_____
4. Monthly Average (<i>Total divided by 12</i>)	_____
5. Round Monthly Average to nearest whole number	_____

To the best of my knowledge and belief, the above
submitted information is complete and accurate.

Signature of Officer in Charge

Title

Date



REGISTRATION FOR POLICE PENSION FUND BENEFITS

Name of Reporting Organization: _____ Federal EIN: _____

Mailing Address: _____

Contact Person: _____ Telephone Number: _____

Email Address: _____

1. Do you have a police pension fund established by law or ordinance? Yes____ No____
If "No", read Certification, sign and return form.
If "Yes", complete form and enclose a copy of any changes or amendments to your plan(s) made since the last registration.

Date Fund was established: _____

Name & Address of Fund Carrier/Manager:

2. Please cite specific authority under which your police pension fund was established (i.e. Delaware Code Section, charter article or ordinance number):

If other, please describe: _____

3. Average number of paid, full-time, sworn police officers employed during the year ended December 31, 2015 (*Schedule A, Line 5*): _____.

CERTIFICATION

To the best of my knowledge and belief, the above submitted information is complete and accurate.

Signature of Officer in Charge

SUBSCRIBED BEFORE ME THIS _____
DAY OF _____ A.D. 2016.

Title

Notary

Date

COMPLETE AND FORWARD
MUST BE RECEIVED ON OR BEFORE APRIL 1, 2016
Office of State Treasurer, 820 Silver Lake Blvd, Ste. 100, Dover, Delaware 19904