



Delaware Office of the State Treasurer

Colleen Davis, Treasurer

820 Silver Lake Blvd., Suite 100, Dover, DE 19904

Tel: 302-672-6700 Fax: 302-739-2274

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):

3. Average number of paid, full-time, sworn police officers employed during the year ended **December 31, 20__** (Schedule A, Line 5): _____.

CERTIFICATION

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

Subscribed before me this _____

Day of _____ A.D. 20__

Notary

Officer in Charge

Title

Date

COMPLETE AND FORWARD
 MUST BE RECEIVED ON OR BEFORE **APRIL 1, 2023**
 Office of State Treasurer, 820 Silver Lake Blvd, Ste. 100, Dover, Delaware 19904
 Fax: 302-739-2274 or Email Treasury_Special_Payments@delaware.gov

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, 20**__.

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

1. Name of Reporting Organization: _____

2. Number of Police Officers Employed 15 days or more during the month

<u>Month</u>	<u># of Officers.</u>
January	_____
February	_____
March	_____
April	_____
May	_____
June	_____
July	_____
August	_____
September	_____
October	_____
November	_____
December	_____

3. Total _____

4. Monthly Average (*Total divided by 12*) _____

Officer in Charge

Title

Date

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