



1977 Police Officers' & Firefighters' Pension & Disability Fund (1977 Fund) Eligibility Assessment Questionnaire

CONTACT INFORMATION

- 1 Unit name _____
- 2 Unit type (e.g., Town, Township, City, School) _____
- 3 Contact name _____
- 4 Contact phone number _____
- 5 Contact e-mail _____
- 6 Anticipated join date _____

EMPLOYEE INFORMATION

7 Total number of police officers/firefighters/school resource officers	Police officers	
	Firefighters	
	School resource officers	

8 Total number of full-time police officers/firefighters/school resource officers	Police officers	
	Firefighters	
	School resource officers	

- 9 Does the unit listed above issue W-2s for each full-time: police officer, firefighter, and school resource officer? Yes No
- 10 If the answer to the above question is No, provide further detail regarding the employment situation. A member of INPRS staff will reach out to you to discuss.

CURRENT PLAN INFORMATION

- 11 No, we have no existing retirement plan (e.g., defined contribution and defined benefit (pension) plans).
- 12 Yes, our current retirement or pension plan is (plan name and plan type).
Provide the plan name and type:

PURCHASE OF PRIOR SERVICE

- 13 Does the unit plan on purchasing prior service for any police officer, firefighter, or school resource officer? Yes No
- 14 Does the cost of purchasing prior service factor into your decision about joining the 1977 Fund? Yes No

PLAN SELECTION

15 Select the plan you are interested in joining.

1977 Fund
 PERF and 1977 Fund

LOCAL BOARD AND EXAMINATIONS

The term "baseline" refers to the [Application for Membership \(State Form 4928\)](#).

16 Do you have a local board set up as defined in [IC 36-8-8-2.1](#)? Yes No

17 If you represent a school, list the local board which you will partner with.

18 Are you aware of the requirement that the local board must hire a physician to administer the statewide baseline physical examination? Yes No

19 Are you aware of the requirement of the completion and approval of the statewide baseline application for each applicant prior to the join date per [IC 36-8-8-19](#)? Yes No

20 Are you aware that the local board must review application ([1977 Fund Application for Disability Benefits and Request for Local Board Hearing, State Form 10564](#)) submitted by 1977 Fund members for 1977 Fund disability benefits? Yes No

INPRS cannot provide legal advice. Consult your attorney for interpretation and application of the applicable laws/statutes.

SIGNATURE

Signature

Title

Printed or typed name

Date