



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