



Illinois Department of Insurance

INFORMATION AND DOCUMENT REQUEST FOR NEWLY ESTABLISHED ARTICLE 3 AND ARTICLE 4 PENSION FUNDS

Newly established pension funds under Article 3 (Police Pension Fund) and Article 4 (Fire Pension Fund) of the Illinois Pension Code (Code) must submit this completed package to the Public Pension Division (Division). To establish a pension fund account in the electronic filing system, Pension Annual Statement System (PASS), this package is required. Additionally, for informational purposes be aware that a pension fund is required to submit its annual statement within six months of the close of its fiscal year to the Division as required under Article 1 of the code [40 ILCS 5/1A-109].

Please complete and return the package along with the requested documentation by uploading the documents to the Public Pension Division using the State of Illinois Secure File Transfer Tool. The tool is located at, <https://filet.illinois.gov>. In the "Recipient" box enter: doi.pension@illinois.gov and enter 'New Pension Fund' in the "Message to Recipient" box.

You may also mail a copy of the completed form and requested documents to :

Illinois Department of Insurance
Attn: Public Pension Division
320 West Washington Street
Springfield, IL 62767

If you have a question about the package and/or the required pension documentation, please contact the Pension Division at: (800) 207-6958 or doi.pension@illinois.gov. Forms are available in Pass [<https://insurance.illinois.gov/Applications/Pension/Form.aspx>]. For additional information concerning the pension funds please review the frequently asked question topics at <https://insurance.illinois.gov/Applications/Pension/FAQ.aspx>.

INFORMATION REQUEST

Please answer the questions below. Please attach additional pages or a spreadsheet with explanations as necessary.



PAYROLL AND CREDITABLE SERVICE REVIEW

1. What are the normal hours per pay period for the members? What are the projected yearly hours by individual member.

2. What are the normal hours per pay period for non-participating firefighters/police officers?

3. How is the salary determined? Check all that apply.

Ordinance

Collective Bargaining Agreement

Employment Contract

Other (if *other*, explain _____)

4. Are pension contribution deductions being deducted as required by the Department of Insurance Administrative Code Part 4402.30, definition of salary?

Yes

No (if *no*, explain _____)

5. Did the payroll department begin deducting contributions on the employee's first day of work?

6. What are the components of salary attached to rank?

7. Did any members transfer creditable service time into the newly established fund?

Yes (if *yes*, answer questions 8, 9 and 10)

No (if *no*, skip questions 8, 9 and 10)

8. How did the pension fund establish creditable service and tier for members who transferred creditable service into the newly established fund? What documentation was obtained to verify the creditable service and tier?

9. List names of members covered under a previous pension fund. Include the name(s) of previous pension fund(s).

10. Did this pension fund and/or the affected member inform the previous fund of member's intent to transfer or, if applicable, combine creditable service?

Yes

No (if *no*, explain _____)



FUND MANAGEMENT REVIEW

1. When did the municipality/fire protection district pass, approve and publish in pamphlet form the ordinance to establish the pension fund?

2. If applicable, did the municipality hold a referendum to establish the pension fund?

Not Applicable

Yes

No (if *no*, explain _____)

3. Did the pension fund adopt rules and regulations?

Yes

No (if *no*, explain _____)

DOCUMENT REQUEST - CHECKLIST

Please provide a copy of each document in the list below. Please retain original copies in your files. A completed *List of Current Board Members* found at the end of this document.

- A completed *Fund Information form which is found* at the end of this document.
- A completed *Security Administrator Authorization Form* in PASS.
- Documentation showing the number of inhabitants in the municipality (special census) at the time of the formation of the pension fund.
- Approved ordinance establishing the pension fund.
- Board minutes in which the ordinance to establish the fund is discussed, approved and passed.
- Membership application of each participating member.
- If applicable, list of employees who are not members of the fund. Explain why they are not members of the fund.
- Payroll records from date of formation of the fund and forward for all members.
- If applicable, collective bargaining agreement in effect at the time of formation of the new pension fund and currently.
- If applicable, employment agreement and job description for members who are not covered by the collective bargaining agreement.
- An appropriation ordinance and budget ordinance for the fiscal year in which the fund was established. The ordinance should include salary amount(s) appropriated for the individual members during the fiscal year.
- Documentation listing of the current investment assets in the pension fund along with the investment policy.
- Salary ordinance(s) and pay plan(s) with a pay scale of staff by rank in effect for the fiscal year in which the fund was established.

LIST OF CURRENT BOARD MEMBERS

First Name:	MI:	Last Name:
Phone Number:		Email Address:
Office Title (check applicable box) <input type="checkbox"/> President <input type="checkbox"/> Vice President <input type="checkbox"/> Secretary <input type="checkbox"/> Assistant Secretary <input type="checkbox"/> Treasurer		
<input type="checkbox"/> Appointed to the Board <input type="checkbox"/> Elected to the Board		
Relationship to the Fund (check applicable box(es)) <input type="checkbox"/> Active <input type="checkbox"/> Retired <input type="checkbox"/> Disabled <input type="checkbox"/> Surviving Spouse <input type="checkbox"/> Other		
Did trustee complete the new trustee training or is scheduled to complete the training per 40 ILCS 5/1-109.3? <input type="checkbox"/> Yes <input type="checkbox"/> No		

First Name:	MI:	Last Name:
Phone Number:		Email Address:
Office Title (check applicable box) <input type="checkbox"/> President <input type="checkbox"/> Vice President <input type="checkbox"/> Secretary <input type="checkbox"/> Assistant Secretary <input type="checkbox"/> Treasurer		
<input type="checkbox"/> Appointed to the Board <input type="checkbox"/> Elected to the Board		
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Did trustee complete the new trustee training or is scheduled to complete the training per 40 ILCS 5/1-109.3? <input type="checkbox"/> Yes <input type="checkbox"/> No		

First Name:	MI:	Last Name:
Phone Number:		Email Address:
Office Title (check applicable box) <input type="checkbox"/> President <input type="checkbox"/> Vice President <input type="checkbox"/> Secretary <input type="checkbox"/> Assistant Secretary <input type="checkbox"/> Treasurer		
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Relationship to the Fund (check applicable box(es)) <input type="checkbox"/> Active <input type="checkbox"/> Retired <input type="checkbox"/> Disabled <input type="checkbox"/> Surviving Spouse <input type="checkbox"/> Other		
Did trustee complete the new trustee training or is scheduled to complete the training per 40 ILCS 5/1-109.3? <input type="checkbox"/> Yes <input type="checkbox"/> No		

LIST OF CURRENT BOARD MEMBERS (cont.)

First Name:	MI:	Last Name:
Phone Number:		Email Address:
Office Title (check applicable box) <input type="checkbox"/> President <input type="checkbox"/> Vice President <input type="checkbox"/> Secretary <input type="checkbox"/> Assistant Secretary <input type="checkbox"/> Treasurer		
<input type="checkbox"/> Appointed to the Board <input type="checkbox"/> Elected to the Board		
Relationship to the Fund (check applicable box(es)) <input type="checkbox"/> Active <input type="checkbox"/> Retired <input type="checkbox"/> Disabled <input type="checkbox"/> Surviving Spouse <input type="checkbox"/> Other		
Did trustee complete the new trustee training or is scheduled to complete the training per 40 ILCS 5/1-109.3? <input type="checkbox"/> Yes <input type="checkbox"/> No		

First Name:	MI:	Last Name:
Phone Number:		Email Address:
Office Title (check applicable box) <input type="checkbox"/> President <input type="checkbox"/> Vice President <input type="checkbox"/> Secretary <input type="checkbox"/> Assistant Secretary <input type="checkbox"/> Treasurer		
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Relationship to the Fund (check applicable box(es)) <input type="checkbox"/> Active <input type="checkbox"/> Retired <input type="checkbox"/> Disabled <input type="checkbox"/> Surviving Spouse <input type="checkbox"/> Other		
Did trustee complete the new trustee training or is scheduled to complete the training per 40 ILCS 5/1-109.3? <input type="checkbox"/> Yes <input type="checkbox"/> No		

First Name:	MI:	Last Name:
Phone Number:		Email Address:
Office Title (check applicable box) <input type="checkbox"/> President <input type="checkbox"/> Vice President <input type="checkbox"/> Secretary <input type="checkbox"/> Assistant Secretary <input type="checkbox"/> Treasurer		
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Relationship to the Fund (check applicable box(es)) <input type="checkbox"/> Active <input type="checkbox"/> Retired <input type="checkbox"/> Disabled <input type="checkbox"/> Surviving Spouse <input type="checkbox"/> Other		
Did trustee complete the new trustee training or is scheduled to complete the training per 40 ILCS 5/1-109.3? <input type="checkbox"/> Yes <input type="checkbox"/> No		

PENSION FUND INFORMATION

Fund Name:	Fund FEIN:	
Fund Address:		
City:	State:	ZIP
Phone Number:	Fax Number:	
Established Date:	Fiscal Year End Date:	
Amount of Fund Assets:		
Email Address:		

Fund Contact Person:	
Phone Number:	Relationship to the Fund:
Email Address:	