Retirement System Annual Statement Breakout of Tier Data

Fund Name:		
Fund Number:		
BID Number:	l	
FY Start:	FY End:	

Retirement System must provide information by tier and by plan type: SLEP/EO/Portable/Self-Managed, if applicable.

The total should equal the total reported on the Participant Summaries Statement in PASS for the Annual Statement Filing.

					_			
Active Participants - Traditional/Regular Plan		er 1		er 2		er 3	Tot	
	Number	Salary	Number	Salary	Number	Salary	Number	Salary
50.01 Male:								
50.02 Female:								
51.00 Total Active Participants (Sum of Line 50.01 and 50.02):								
Active Participants - Non-Traditional Plan. List Plan Type:	Tier 1		Tier 2		Tier 3		Total	
	Number	Salary	Number	Salary	Number	Salary	Number	Salary
50.01 Male:								
50.02 Female:								·
51.00 Total Active Participants (Sum of Line 50.01 and 50.02):								
Active Participants - Non-Traditional Plan. List Plan Type:	Tie	er 1	Tie	er 2	Tie	er 3	Tot	al
	Number	Salary	Number	Salary	Number	Salary	Number	Salary
50.01 Male:								
50.02 Female:								
51.00 Total Active Participants (Sum of Line 50.01 and 50.02):								
Grand Total of Active Participants:								
Beneficiaries - Traditional/Regular Plan	Tier 1		Tier 2		Tier 3		Total	
	Number	Benefit	Number	Benefit	Number	Benefit	Number	Benefit
52.01 Service Retirements:								
52.02 Nonduty Disabilities:								
52.03 Duty Disabilities:								
52.04 Occupational Disabilities:								
52.05 Surviving Spouse:								
52.06 Children:								
52.07 Parents:								
52.08 Handicapped:								
53.00 Total Beneficiaries (Sum of Line 52.01 through 52.08):								
Beneficiaries - Non-Traditional Plan. List Plan Type:	Tie	er 1	Tie	er 2	Tie	er 3	Tot	al
	Number	Benefit	Number	Benefit	Number	Benefit	Number	Benefit
52.01 Service Retirements:								
52.02 Nonduty Disabilities:							1	
52.03 Duty Disabilities:								
52.04 Occupational Disabilities:								
52.05 Surviving Spouse:								
52.06 Children:								
52.07 Parents:								
52.08 Handicapped:								
53.00 Total Beneficiaries (Sum of Line 52.01 through 52.08):								
Beneficiaries - Non-Traditional Plan. List Plan Type:	Tie	er 1	Tie	er 2	Tie	er 3	Tot	al
	Number	Benefit	Number	Benefit	Number	Benefit	Number	Benefit
52.01 Service Retirements:				İ				
52.02 Nonduty Disabilities:								
52.03 Duty Disabilities:								
52.04 Occupational Disabilities:							1	
52.05 Surviving Spouse:								
52.06 Children:								
52.07 Parents:								
52.08 Handicapped:								
53.00 Total Beneficiaries (Sum of Line 52.01 through 52.08):							l i	
Grand Total of Beneficiaries:								
Other - Traditional/Regular Plan	Tier 1		Tier 2		Tier 3		Total	
	Number	Amount	Number	Amount	Number	Benefit	Number	Amount
54.01 Refunds:				İ				
54.02 Inactive:								
54.03 Transferred Creditable Service:								
Other - Non-Traditional Plan. List Plan Type:	Tie	er 1	Tie	er 2	Tie	er 3	Tot	al
The state of the s	Number	Amount	Number	Amount	Number	Benefit	Number	Amount
54.01 Refunds:								50.11
54.02 Inactive:				1	1	1		
54.03 Transferred Creditable Service:								
Other - Non-Traditional Plan. List Plan Type:	Tier 1		Tier 2		Tier 3		Total	
Odici Non Hadidollal Flati. List Flati Type.	Number	Amount	Number	Amount	Number	Benefit	Number	Amount
54.01 Refunds:	Nullibel	AIIIUUIIL	Nullibel	AIIIOUIIL	Nullibei	belletit	Number	AIIIOUIIL
54.02 Inactive:								
54.03 Transferred Creditable Service: Grand Total of Other:							1	
Grand Lotal of Other:								