



# 1977 Police Officers' and Firefighters' Pension Secretaries Seminar

June 28, 2024

(844) GO-INPRS  
[inprs.in.gov](https://inprs.in.gov)



# 1977 Pension Seminar Agenda

- Opening Remarks – **INPRS**
- Outreach Presentation – **INPRS**
- Baseline Process Presentation – **INPRS**
- Local Board Standards – **Dr. Darren Higginbotham**



## 1977 Pension Seminar Agenda, cont.

- Mentor Best Practice Discussion
- Overview of a Pension Board
  - Pension board set up
  - Effects of poor decisions as a pension board
  - Roles and responsibilities of pension board
- How to be an effective pension secretary?
- Pension Secretary Mentor Question Discussion

# Pension Seminar Questions

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- 1) How many of your departments have a pension board? Can you discuss some of the issues you face?
- 2) How many of you don't have a pension board, can you discuss your challenges of setting up one?
- 3) What are some of the rumors of local boards we need to dismiss?
- 4) Do you face issues with disability hearings, if so, what are they?
- 5) As a pension secretary, what help do you need to become more effective with your unit?
- 6) Do you have an annual pension board meeting?
- 7) How does your department vote for the pension board members to be elected? If so, what is your process?
- 8) Do your pension boards have a meeting process to approve the INPRS application?
- 9) How does your local board document your pension meetings?





# **1977 Police Officers' and Firefighters' Fund Benefits**

**Presenter: Katrina Farley**

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# 1977 Fund

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This presentation explains the benefit provisions applicable to the members of the 1977 Police Officers' and Firefighters' Pension and Disability Fund (1977 Fund)

In the event there is a conflict between this presentation and the statutes, your benefits will be determined in accordance with the current 1977 Fund statutes.

# General Information

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- The 1977 Fund:
  - ✓ Provides retirement, disability and survivor benefits
  - ✓ Is funded by employer and employee contributions
  - ✓ Is administered by the Indiana Public Retirement System (INPRS) Board of Trustees

# Contributions

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## Employer Contributions

- ✓ 18% of the salary of a first class patrolman or first class firefighter, as defined in IC 36-8-1-11 (effective 2021)
- ✓ Rate is set by the INPRS Board

## Employee Contributions

- ✓ 6% of the salary of a first class patrolman or first class firefighter, as defined in IC 36-8-1-11
- ✓ Required until you have completed 32 years of service
- ✓ Employer may elect to “pick up” all or part of the employee contributions



# Designating Beneficiaries

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- Eligible dependents for members of the 1977 Fund are set by statute.
- If there are no eligible beneficiaries, you may designate one or more beneficiaries to receive the contributions plus interest.
- Contributions will be paid to your estate if no eligible dependents and no beneficiary(ies) are designated.



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# Retirement Benefits



# Retirement Benefits

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- Your retirement date is the day following your last day of service.
- You may select any date of the month for retirement provided retirement eligibility requirements are met
- Benefits are based on the salary of a first class patrolman or first class firefighter, as defined in IC 36-8-1-11
- Pension benefits are paid as a direct deposit on the 15<sup>th</sup> of each month.

# Normal Retirement Benefits (unreduced pension)

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- Lifetime monthly benefit
  - 52% of the salary of a first class patrolman or first class firefighter, as defined in IC 36-8-1-11,
  - in the year you retire if you:
    - ✓ have 20 years of service in the 1977 Fund,
    - ✓ are 52 years of age, and
    - ✓ have retired from service

*More than 20 years of service?*

Receive an additional 1% of the salary of a first class patrolman or first class firefighter, as defined in IC 36-8-1-11, for each 6 months of active service over 20 years, up to a maximum of 12 additional years. (ex: 30 years equals 72% of base salary)

# Early Retirement Benefits (reduced pension)

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- **Reduced** lifetime monthly benefits if you:
  - ✓ have 20 years of creditable service in the 1977 Fund, and
  - ✓ are at least 50 years of age

Ex:	<u>Early Retirement Age</u>	<u>Benefit Amount</u>
	51 years of age	94% of benefit paid at age 52
	50 years of age	88% of benefit paid at age 52

(The actuarial reduction factor is based on your early retirement age in years and months)



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# Deferred Retirement Option Plan (DROP)

# Deferred Retirement Option Plan (DROP)

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- Program made available to eligible members on January 1, 2003
- Available to members who are eligible for normal (unreduced) benefits
- You may make only one DROP election during your lifetime
- DROP allows you to:
  - ✓ Choose a retirement date, and
  - ✓ Continue to work in your 1977 Fund position for the DROP period

# DROP Participation

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- DROP Participation
  - Minimum 12 months but not more than 60 months
  - Any number of whole months between 12 and 60 months
  - Election period may begin on any day of the month
  - HEA 1004 extended DROP program maximum from 36 to 60 months, with some additional requirements effective July 1, 2024
  
- When you enter the DROP, a DROP frozen benefit will be calculated based on the first-class officer salary and your total creditable service as of the date you enter the DROP.



# DROP Payment Options

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- Your DROP lump sum amount will be calculated based upon the number of full calendar months. This “accrued” amount may be paid out as a:
  - lump sum (less taxes);
  - rollover to an IRA (tax deferred); or
  - three annual installment payments (no interest earned while waiting for distribution)
- **Plus** *DROP frozen benefit* as a lifetime monthly payment

# DROP Enrollment Process

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- ✓ Request a DROP benefit estimate
- ✓ Complete “Application for Participation in the Deferred Retirement Option Plan” (form available online)
- ✓ Submit for INPRS review/approval prior to DROP entry date
- ✓ Send copy of DROP Enrollment Form to chief and/or hiring authority to provide them notice
- ✓ Notify your employer of the DROP election within 30 days

# Tax Consequences

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- Retirement benefits are generally taxable. Post-tax member contributions are recovered monthly according to IRS basis recovery rules. After you have recovered post-tax contributions, any basis your retirement benefit is generally 100% taxable.
- Tax withholding forms are completed during the online application process.
- If a Federal Tax Withholding form is not submitted, taxes are automatically withheld at a rate of single with 0 adjustments.

# Retirement Benefit Process

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## ***12 – 60 months prior to retiring:***

- ✓ Have you considered the DROP program?
- ✓ Prepare a benefit estimate using the online 1977 Fund calculator and request a service credit review through INPRS.
- ✓ Conduct a retirement needs calculation, review projected living expenses and estimated income.
- ✓ Verify that your personal information on file with the 1977 Fund is up to date.
- ✓ Gather information on other possible benefits, including Social Security.
- ✓ Select a retirement date that meets your retirement goals.
- ✓ HEA 1004 effective July 1, 2024 modified the maximum DROP period from 36 to 60 months, subject to additional requirements.

# Retirement Benefit Process

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## ***3 months prior to retiring:***

- ✓ Complete or review your Retirement Application by logging onto your account at [www.myinprsretirement.org](http://www.myinprsretirement.org).
- ✓ **Submit** your completed application along with the required documentation to INPRS.

# Application Submission Dates

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## Retirement Date

January

February

March

April

May

June

July

August

September

October

November

December

## Submission Deadline

October 1

November 1

December 1

January 1

February 1

March 1

April 1

May 1

June 1

July 1

August 1

September 1

# Working After Retirement

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- You may return to work with your previous employer after you have ended employment under certain circumstances.
- If your new position is not covered by the 1977 Fund, you may continue to receive your benefit when you return to work.
- There is no minimum period of separation before you can be hired into a PERF-covered position with the same employer if you are age 55 or older.
- If you are younger than 55, you must separate from service for 30 days before returning to work, if you meet certain conditions.
- Additional information can be found in IC 36-8-8-11.5

# Termination of Employment Options

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If you terminate your employment other than by death or disability

- *Less than 20 years of creditable service:*
  - Withdraw or rollover your 6% contributions and accumulated interest
  - Leave your account with the 1977 Fund (interest will accrue for only five years)
- *20 or more years of creditable service:*
  - Contributions will be held by the 1977 Fund until you become eligible for a benefit (full or reduced)





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# Disability Benefits



# Disability Benefits

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## Two Plans

### **Pre-1990 Plan**

Includes those members initially hired before January 1, 1990, unless they elected to be covered by the new disability plan adopted in 1990.

### **1990 Disability Plan**

Includes those members initially hired after December 31, 1989 and those hired on or before that date who elected coverage under this plan.

# Pre-1990 Disability Plan Benefits

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## To qualify for **Pre-1990 Disability Plan** Benefits:

1. Member must request a hearing, complete a disability application and obtain their medical records for presentation to local board.
2. Local pension board conducts a hearing to determine if the member has a covered impairment.
3. Local pension board provides INPRS with its Findings of Facts (FOF) and Conclusions of Law (COL), as well as its determination if there is suitable and available work for the member in their department.
4. INPRS' Medical Authority reviews medical documentation submitted by the local board and member.
5. INPRS reviews both local pension board's documentation and its Medical Authority's opinion to determine eligibility for disability benefits.
6. If eligible for disability benefits, the member will receive disability benefits equal to the member's full normal benefit at age 52 for the duration of his/her disability (however, the member may be subject to evaluation under IC 36-8-8-13.7)

\* It is important to note that the Local Board must follow all timelines and rules for hearings in IC 36-8-812.7, 12.3, 12.5, 13.4 et al, as well as 35 IAC 2-5 et al.



# 1990 Disability Plan Benefits

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## To qualify for **1990 Disability Plan Benefits**:

1. Member must request a hearing, complete a disability application and obtain their medical records for presentation to local board.
2. Local pension board conducts a hearing to determine if the member has a covered impairment and class of impairment (and if applicable, if the covered impairment was caused by an accidental injury).
3. Local pension board provides INPRS with its Findings of Facts (FOF) and Conclusions of Law (COL), as well as its determination if there is suitable and available work for the member in their department.
4. INPRS' Medical Authority reviews medical documentation submitted by the local board and member.
5. INPRS reviews both local pension board's documentation and its Medical Authority's opinion to determine eligibility for disability benefits.
6. If eligible for disability benefits with a class 1 impairment, the member will receive disability benefits equal to the member's full normal benefit once the member reaches age 52 for the duration of his/her disability (however, the member may be subject to evaluation under IC 36-8-8-13.7). Class 2 based impairments in certain situations may receive the same treatment as class 1 based impairments described above. Class 3 impairment-based disabilities time period have different time requirements by statute.

\* It is important to note that the Local Board must follow all timelines and rules for hearings in IC 36-8-812.7, 12.3, 12.5, 13.4 et al,  
as well as 35 IAC 2-5 et al.



# Excludable Medical Conditions Under Class 3 Disability

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If you are hired with a pre-existing excludable medical condition

- you will not be eligible for a Class 3 disability benefit when the impairment relates in any manner to the excludable condition.
- you will not be eligible to receive any Class 3 disability benefits for a period of four years after the date of hire or rehire, unless the Class 3 impairment is attributed to an accidental injury, as determined by the local board.

\*IC 36-8-8-12.3



# 1990 Disability Plan Benefits

Type of Impairment	Benefit Period	Event	Benefit Formula
<b>Class 1</b>	Remainder of the disabled member's life. At age 52 may be entitled to a monthly supplemental benefit.	<ul style="list-style-type: none"> <li>- Personal Injury on duty or off duty and responding to offense or emergency</li> <li>- Occupational disease</li> <li>- Health condition caused by exposure risk disease</li> </ul>	45% FCO salary + Add'l amount for degree of impairment (10%-45%) = total benefit
<b>Class 2</b>	Remainder of the disabled member's life. At age 52 may be entitled to a monthly supplemental benefit.	<ul style="list-style-type: none"> <li>- Duty related disease arising out of fund member's employment</li> <li>- Health condition caused by exposure related: heart or lung disease, cancer, or Parkinson's disease.</li> </ul>	22% of FCO salary base + 0.5% for each year service, up to 30 years + Add'l amount for degree of impairment (10% - 45%) = total benefit
<b>Class 3 (See Excludable Medical Conditions)</b>	Period equaling total years of service or until age 52	Covered impairment that is not class 1 or 2	1% FCO base salary x years of service (up to 30) + Add'l amount for degree of impairment (10% - 45%)

IC 36-8-8-12.5, IC 36-8-8-13.5, IC 36-8-8-23, and other provisions of IC 36-8-8 apply to these determinations





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# Survivor Benefits



# Survivor Benefits

	<b>Non- Line of Duty (Active Members)</b>	<b>Retirees</b>	<b>Line of Duty (Active Member)</b>
<b>Lump Sum Benefit</b>	\$12,000 to heirs or estate	\$12,000 to heirs or estate	\$225,000 to surviving spouse, children, or parents + \$12,000 to heirs or estate
<b>Surviving Spouse</b>	70% of eligible benefit payable for life	70% of member's benefit payable for life	100% of eligible benefit payable for life
<b>Each Surviving Child</b>	20% of eligible benefit payable to age 18 or 23 if full time student	20% of member's benefit payable to age 18 or 23 if full time student	20% of eligible benefit payable to age 18 or 23 if full time student
<b>Wholly dependent Parent(s) if no surviving spouse or child</b>	50% of eligible benefit payable for life	50% of member's benefit payable for life	50% of eligible benefit payable for life

See IC 36-8-8-16, IC 36-8-8-14.8, and IC 36-8-8-13.8





# Survivor Benefits

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## Beneficiaries

- Eligible beneficiaries are set by law.
- If you are an active member and have no beneficiaries eligible for survivor benefits under the 1977 Fund law, you may designate a beneficiary for distribution of your contributions plus interest. If no eligible beneficiaries exist, your member account will be distributed to your estate.

## Children with Disabilities

- Benefits are paid continuously to disabled children for the duration of their physical or mental disability (regardless of age).
- Proof of disability must be submitted to INPRS & will be reviewed by INPRS Medical Authority.



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# INPRS Websites



# INPRS Public Website

[www.in.gov/inprs](http://www.in.gov/inprs)

## Police and Firefighters

- [Forms](#)
- [Fast Facts](#)
- [Pension Relief Info](#)

### Membership Information

- [1977 Police Officers' and Firefighters' Retirement Fund Handbook](#)

### Deferred Retirement Option Plan (DROP) Benefits

- [DROP Benefits FAQs](#)
- [DROP Benefits Worksheet](#)
- [DROP Benefits Online Calculator](#)

## Provides Access to:

- 77 Fund Member Handbook
- Forms
- Benefit Calculators
- Event Calendar

# INPRS Secure Website

[www.myinprsretirement.org](http://www.myinprsretirement.org)

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- Register your account to gain access to:
  - Secure Calculators;
  - Retirement Application;
  - Payment History; and
  - Tax Documents.
  
- Manage account information including:
  - Demographic information;
  - Banking Information; and
  - Tax Withholdings.





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# Retirement Application



# 77 Fund Retirement Application

Welcome, [REDACTED]

## Ready to retire?

Then it's time to choose how you want to receive your retirement benefits. Click "Get Started" and we'll guide you through the benefit election process in four easy steps.



### Before you start, INPRS recommends that you:

- ✓ Review all of your potential income sources with a financial advisor and tax professional to determine how your benefit options may affect your overall financial picture.
- ✓ Have your bank account information ready — You will need it when selecting where to receive your retirement benefits.
- ✓ If you would like to include an eligible IRA or retirement plan outside of your existing INPRS accounts, you must roll over those funds to a Rollover Savings Account (RSA) prior to completing the Intent to Retire process.

Each time you select SAVE & CONTINUE to move on to the next page, your application progress is saved.

 [GET STARTED](#)

Pension ID: [REDACTED]

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[SAVE & CONTINUE](#)

[SAVE & LOG OFF](#)

## Questions?

[1-844-GO-INPRS](#)

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# 77 Fund Retirement Application



myINPRSretirement



## Choose Your Retirement Date and Plan

INPRS recommends that you meet with a Retirement Counselor to understand the differences between retiring with each of these plans.

\* Indicates required field

I want to retire from \*

1977 Police & Firefighters' Fund

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[Redacted]

Pension ID: [Redacted]

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# 77 Fund Retirement Application



## Confirm Personal Information

Review your personal information below for accuracy.

\* Indicates required field

PERSONAL INFORMATION		
Name	Social Security Number	Pension ID (PID)
<input type="text"/>	--- -- <input type="text"/>	<input type="text"/>
Date of Birth	Telephone Number	
01/01/1965	<input type="text"/>	
Address		
123 Main Street Fishers, IN 46033 US		
Most Recent Employer	<input type="text"/>	
Certified Salary	79789.78	
Estimated Years of Service Credit	26.01	
Purchased Service Credit	00.00	
Marital Status *	<input type="text" value="Married"/>	
Citizenship *	<input type="text" value="United States"/>	
Country of Legal Residence *	<input type="text" value="United States"/>	
Gender *	<input type="text" value="Male"/>	

### Need to change your home address?

To change your address, click here. Once you submit a new address, a change of address confirmation will be sent to both your new and old addresses. It will take up to two business days for your change of address to be reflected in your account.

Please provide your personal email address for your confirmation(s). If you'd like to receive text notification(s), you may also provide your phone number.

Personal Email \*

Mobile Phone (optional)  (normal text messaging charges may apply)

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# 77 Fund Retirement Application



## Choose Your Retirement Date

Please indicate the date you want your retirement to begin. As a reminder, applications cannot be submitted for a retirement date more than six months in advance.

**PERF/PARF/TRF/C&E:** Your retirement date will fall on the first day of the month following your last day in pay. Please make sure the date selected falls within six months of submitting your application.

**1977 Fund:** Your retirement date is the day following your termination of employment.

**Judges:** Your retirement date is the day following your termination of employment. If you terminated your employment more than a month ago, you may not select a retirement date that is more than thirty days prior to submitting your retirement application.

\* Indicates required field

1977 FUND RETIREMENT ELIGIBILITY	
Normal	05/18/2023

I choose the following retirement eligibility type: \*

My Retirement Date \*

Select Month	Select Day	Select Year
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Please do not change my elected retirement date

- If this box is not checked, INPRS will use the earliest retirement date for you based upon your last day worked, and you will be paid any retroactive benefit due. By checking this box, you want INPRS to use the retirement date you selected and not an earlier retirement date should one be available. Your selected retirement date may be due a retroactive benefit based on the date of your initial payment. Once an application is processed we cannot amend an effective retirement date.

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# 77 Fund Retirement Application



myINPRRetirement

1 Confirm Information 2 Choose Benefits 3 Confirm Banking, Taxes & Upload Documents 4 Review & Confirm Elections

### Survivor Information

OPTIONAL: To see benefit estimates for joint and survivor annuity options, provide the survivor information below. Otherwise, leave this area blank and click SAVE & CONTINUE:

\* Indicates required field

First Name *	Middle Name	Last Name *	Suffix
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text" value="Choose"/>
Date of Birth *			Social Security # *
<input type="text" value="Select Month"/>	<input type="text" value="Select Day"/>	<input type="text" value="Select Year"/>	<input type="text"/>
Country of Legal Residence *	<input type="text" value="Select country"/>		
Address *	City *	State *	Zip Code *
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Relationship *	<input type="text" value="Spouse"/>		
Gender *	<input type="text" value="Choose"/>		
Telephone *	<input type="text"/>		
Email Address	<input type="text"/>		
Citizenship *	<input type="text" value="United States"/>		

⏪ BACK SAVE & CONTINUE ⏩

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# 77 Fund Retirement Application



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## Choose Your Benefits

YOUR BENEFITS	
Member Joint and Survivor Normal Estimated Monthly Benefit	\$4255.45

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# 77 Fund Retirement Application

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## Tax Notices

### Tax Withholding Elections

You must make income tax withholding elections for your pension benefit payments and your ASA/RSA benefit payments.

Please read the Special Tax Notice before making your tax elections.

### YOUR ROLLOVER OPTIONS

You are receiving this notice because all or a portion of a payment you are receiving from the Plan is eligible to be rolled over to an IRA or an employer plan. This notice is intended to help you decide whether to do such a rollover.

Rules that apply to most payments from a plan are described in the "General Information About Rollovers" section. Special rules that only apply in certain circumstances are described in the "Special Rules and Options" section.

### GENERAL INFORMATION ABOUT ROLLOVERS

#### How can a rollover affect my taxes?

You will be taxed on a payment from the Plan if you do not roll it over. If you are under age 59½ and do not do a rollover, you will also have to pay a 10% additional income tax on early distributions (generally, distributions made before age 59½), unless an exception applies. However, if you do a rollover, you will not have to pay tax until you receive payments later and the 10% additional income tax will not apply if those payments are made after you are age 59½ (or if an exception to the 10% additional income tax applies.)

\* Indicates required field

- I have read and understand the Special Tax Notice. \*
- I agree to the above statements. \*

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### Questions?

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# 77 Fund Retirement Application



myINPRRetirement



## Tax Withholding

Review your personal information below for accuracy as it relates to your tax withholding.

	PENSION
Projected Payment Amount	\$4255.45
Payment Frequency	Monthly

Complete the tax withholding for each distribution \*

Pension

Pension ID:

### Questions?



# 77 Fund Retirement Application



myINPRRetirement



## Tax Withholding

Review your personal information below for accuracy as it relates to your tax withholding.

### Review the IRS tax withholding forms

Please review the Official IRS Form W-4P and its accompanying instructions before proceeding to enter your federal tax withholding elections.

Form **W-4P** Withholding Certificate for Periodic Pension or Annuity Payments (OMB No. 1545-0074) 2023

Department of the Treasury Internal Revenue Service Give Form W-4P to the payer of your pension or annuity payments.

**Step 1: Enter Personal Information**

(a) First name and middle initial (b) Last name (c) Social security number

Address

City or town, state, and ZIP code

Single or Married filing separately  
 Married filing jointly or Qualifying surviving spouse  
 Head of household (Check only if you're unmarried and pay more than half the costs of keeping up a home for yourself and a qualifying individual)

Complete Steps 2-4 ONLY if they apply to you; otherwise, skip to Step 5. See pages 2 and 3 for more information on each step and how to elect to have no federal income tax withheld (if permitted).

**Step 2: Income** Complete this step if you (1) have income from a job or more than one pension/annuity, or (2) are married filing jointly and your spouse receives income from a job or a pension/annuity. See page 2 for examples on how to complete Step 2.

Do only one of the following.

(a) Reserved for future use.  
(b) Complete the items below.

If you (and/or your spouse) have one or more jobs, then enter the total taxable annual pay from all jobs, plus any income entered on Form W-4, (Step 4(a)), for the jobs less the deductions entered on Form W-4, (Step 4(b)), for the jobs. Otherwise, enter "0" \$ \_\_\_\_\_

If you (and/or your spouse) have any other pensions/annuities that pay less annually than this one, then enter the total annual taxable payments from all lower-paying pensions/annuities \$ \_\_\_\_\_

By checking the box associated with the statement "I acknowledge" and submitting this screen, I affirm that I have carefully read and understand the IRS Form W-4P and its instructions in their entirety to provide my tax withholding election(s).

I ACKNOWLEDGE

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Questions?

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SIGN UP FOR A RETIREMENT WORKSHOP



# 77 Fund Retirement Application



## Tax Withholding

Review your personal information below for accuracy as it relates to your tax withholding.

	PENSION
Projected Payment Amount	\$4255.45
Payment Frequency	Monthly

If you have questions, [click here](#) to Learn More or call 1-844-GO-INPRS

### FEDERAL TAX WITHHOLDING FOR YOUR MONTHLY PENSION PAYMENT

Click [here](#) to view IRS Form W-4P

Please select one of the following options \*

- Do not withhold federal taxes from my pension payment
- Calculate withholding

Please select one of the following options \*

- Single or Married filing separately
- Married filing jointly or Qualifying widow(er)
- Head of household

Income from a job and/or multiple pension/annuities

Tax form Step 2

Claim dependents  
Tax form Step 3

Additional income  
Tax form Step 4a

Additional deductions  
Tax form Step 4b

Additional federal tax withholding  
Tax form Step 4c

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Questions?

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SIGNUP FOR A RETIREMENT WORKSHOP



# 77 Fund Retirement Application

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## STATE AND COUNTY TAX WITHHOLDING FOR YOUR MONTHLY PENSION PAYMENT

Select your state of residence \*

Indiana

Select your county of residence \*

Select

### State tax withholding

The total of state and county tax must be \$10 minimum.

[Click here](#) to view the state and county tax rates.

0.00

### County tax withholding

The total of state and county tax must be \$10 minimum.

[Click here](#) to view the state and county tax rates.

0.00

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# 77 Fund Retirement Application



## Direct Deposit

Pension benefit payments may be directly deposited into your bank account. Make any necessary changes to your direct deposit information in the form below.

**IMPORTANT:** If you need to change your direct deposit banking information, you **MUST** change it here. Any direct deposit information on file with your INPRS account does not apply to the myINPR Retirement payments you are electing here.

\* Indicates required field

INSTITUTION FOR YOUR MONTHLY BENEFIT PAYMENT	
Routing Number  *	<input type="text"/>
Account Number  *	<input type="text"/>
Verify Account Number *	<input type="text"/>
Type of Account *	<input type="radio"/> Checking <input type="radio"/> Savings

INSTITUTION DETAILS			
Financial Institution Name <input type="text"/>			
Address <input type="text"/>	City <input type="text"/>	State <input type="text"/>	Zip <input type="text"/>
Telephone Number <input type="text"/>			

Pension ID:

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Questions?

[1-844-GO-INPRS](#)

[SIGNUP FOR A RETIREMENT WORKSHOP](#)



# 77 Fund Retirement Application

---

I authorize INPRS to make credit entries of my recurring pension benefit payments to the bank account designated above. This includes authorization to correct entries made in error. Each payment is in full payment, satisfaction, and discharge of the amount then due and payable to me. This authorization is not an assignment of my right to receive payment and revokes all prior payment direction notifications. I will comply with the bank's procedures providing safeguards against withdrawals of deposits after my death. INPRS will determine and pay any survivor benefits. INPRS is authorized to make necessary debit entries to this account for any credits made in error. This authorization will remain in effect until canceled by written notice from me.

- I want to have my benefit payments directly deposited into the bank account listed above. \*
- I elect to not provide direct deposit information at this time and choose that a stored value card (SVC) be issued in my name and that my monthly payments be loaded to that card on a monthly basis. By selecting this option, I am also accepting the terms and conditions associated with the card, which are available [here](#).<sup>2</sup> \*

---

<sup>2</sup> Stored Value Card is a re-loadable payment card which will be issued to you for the purpose of receiving your monthly benefit. This card functions like cash and should be treated as such.

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# 77 Fund Retirement Application



myINPRRetirement



## Required Documents

### Get your documents ready!

If you have questions on documentation or do not have a way to upload them, call us at 1-844-GO-INPRS, and we can talk you through it!

Based on your benefit elections, you must provide the supporting documents listed below before any benefit payments can begin. If you cannot upload digital copies of these documents at this time, you may go ahead and submit your benefit election application without them.

Birth Certificate	Click to Upload	
Birth Certificate - Survivor	Click to Upload	

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### Questions?

1-844-GO-INPRS

SIGNUP FOR A RETIREMENT  
WORKSHOP

Note: This page only populates when the identity(ies) can't be confirmed online.



# 77 Fund Retirement Application



myINPRRetirement



## Summary of Benefit Payment Elections for Milford Caraballo-dp

Please review your elections carefully to make sure that everything is correct.

If you want to change something, select the BACK button in the section you wish to make your changes, which will take you back to that step in the online process.

If everything is correct, check the I AGREE box and click SUBMIT ELECTIONS to complete the process. Your elections will not be processed until you submit the I AGREE button.

Your first benefit payment is based on the wage and noncontribution information on file, as provided by your employer. After you receive your first benefit, if your employer submits additional wage and noncontribution information or if your service credit totals are adjusted, INPRS will review and recalculate your subsequent benefit payment to include them. This could potentially change your monthly benefit.

\* Indicates required field

YOUR PERSONAL INFORMATION		← BACK
Your Retirement Date	09/19/2023	
You Chose	Normal Retirement	
Your Date of Birth	<input type="text"/>	
Address on File	123 MAIN STREET FISHERS, IN 46033 US	
Most Recent Employer	<input type="text"/>	
Certified Salary	\$79,789.76	
Estimated Years of Service Credit	26.01	
Purchased Service	00.00	
Marital Status	Married	
Citizenship	US	
Country of Legal Residence	US	
Gender	Male	
Email Address	<input type="text"/>	
Mobile Phone	<input type="text"/>	

Pension ID:

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Questions?

1-844-GO-INPRS

SIGN UP FOR A RETIREMENT WORKSHOP



# 77 Fund Retirement Application

YOUR PENSION BENEFIT PAYMENT ELECTION		◀ BACK
You have elected to take the total amount of your 1977 Police & Firefighters' Fund pension benefit, paid directly as a monthly payment of \$4255.45.		

SURVIVOR DESIGNATION FOR 1977 POLICE & FIREFIGHTERS' FUND BENEFIT PAYMENT OPTIONS		◀ BACK
You have selected Army L. Caraballo as your survivor		
Name	<input type="text"/>	
Address	123 Main Street Fishers, IN 46033 US	
Social Security #	<input type="text"/>	
Date of Birth	<input type="text"/>	
Relationship	Spouse	
Gender	Female	
Telephone Number	<input type="text"/>	
Email Address	<input type="text"/>	

TAX WITHHOLDINGS		◀ BACK
Pension Tax Withholding Options		
You have elected to opt-out of automatic federal tax withholding for your monthly pension payment.		
State of Residence	Indiana	
State Tax Withheld	\$0.00	
County of Residence	Greene	
County Tax Withholding	\$0.00	

YOUR BANKING INFORMATION		◀ BACK
You have elected Direct Deposit		
Financial Institution Name	JPMORGAN CHASE	
Financial Institution Address	2ND FLOOR TAMPA, FL 33610	
Type of Account	<input type="text"/>	
Routing Number	<input type="text"/>	
Account Number	<input type="text"/>	
Telephone Number	800-677-7477	



# 77 Fund Retirement Application

REQUIRED DOCUMENTS		◀ BACK
To complete your application, please upload the required documentation.		
Proof of Birth	Missing	
Survivor Proof of Birth	Missing	

By submitting this online application, I affirm that I have carefully read (or in the case of disability, I have had read to me) and understand the application for retirement. All information is complete and true, represents my choices, and no material fact has been concealed or omitted. I understand that unless a statutory exception exists, my designations, options, and alternatives are irrevocable after my application has been processed. I affirm that I do not have a formal or informal agreement to be reemployed as of the date of submission of this application. I have had ample time to consider my choices and to seek counsel prior to making my elections for a retirement benefit payable to me according to Indiana Code, section 5-10.2, 5-10.3 and 5.10.4.

I AGREE \*

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SAVE & CONTINUE ▶

# Additional DROP Application Requirements



myINPRSretirement



## Choose Your Retirement Date

Please indicate the date you want your retirement to begin. As a reminder, applications cannot be submitted for a retirement date more than six months in advance.

**PERF/PARF/TRF/C&E:** Your retirement date will fall on the first day of the month following your last day in pay. Please make sure the date selected falls within six months of submitting your application.

**1977 Fund:** Your retirement date is the day following your termination of employment.

**Judges:** Your retirement date is the day following your termination of employment. If you terminated your employment more than a month ago, you may not select a retirement date that is more than thirty days prior to submitting your retirement application.

\* Indicates required field

1977 FUND RETIREMENT ELIGIBILITY	
Normal	05/18/2023
DROP	05/06/2023

I choose the following retirement eligibility type: \*

My Retirement Date \*

Please do not change my elected retirement date

- If this box is not checked, INPRS will use the earliest retirement date for you based upon your last day worked, and you will be paid any retroactive benefit due. By checking this box, you want INPRS to use the retirement date you selected and not an earlier retirement date should one be available. Your selected retirement date may be due a retroactive benefit based on the date of your initial payment. Once an application is processed we cannot amend an effective retirement date.

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Questions?

1-844-GO-INPRS

[SIGNUP FOR A RETIREMENT WORKSHOP](#)



# Additional DROP Application Requirements



myINPRSretirement



## Understand Your Benefit Estimate

Please schedule an appointment with a Retirement Counselor who will calculate your benefit estimate.

[Retirement Workshop Signup](#)

Understanding the DROP Retirement Benefit

[WATCH](#)

### About your DROP Benefit

You may make a Deferred Retirement Option Plan (DROP) election only once in your lifetime. Once you are in the DROP, you may not change the duration of your chosen period and you may not pick a new retirement date. You are required to make the employee pension contributions to your retirement fund while you are in the DROP, just as you would if you were not in it. If your employer picks up any part of your employee contribution, then that pick up continues while you are in the DROP.

DROP is a retirement benefit that allows an eligible employee to choose a retirement date, then continue earning a salary while accumulating money that is payable as a lump sum or in three equal annual payments when retiring at the end of the DROP period. DROP participation is optional.

- A regular retirement benefit provides a lifetime monthly benefit check.
- A DROP retirement benefit provides a slightly lower lifetime monthly benefit check, which may be offset by the lump sum or three annual installment DROP payments.
- DROP is designed to pay the same total benefits as the regular retirement benefit over a normal lifespan.

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### Questions?

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[SIGNUP FOR A RETIREMENT WORKSHOP](#)





# Additional DROP Application Requirements



myINPRSretirement



## Choose Your Benefit

### DROP Benefit Payment Options

Please select ONE of the following benefit payment options. Your payment choice cannot be changed once this online form is submitted.

- DROP Complete Distribution**  
I want a complete distribution of my DROP benefit paid as indicated below. (Choose one payment option for taxable portion and one for non-taxable portion):
- DROP Installment Payments**  
I want to take my DROP benefit as three annual systematic withdrawals. I understand my DROP money will not earn any interest over the three-year payout timeframe.

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### Questions?

1-844-GO-INPRS

SIGNUP FOR A RETIREMENT  
WORKSHOP



# Additional DROP Application Requirements

myINPRRetirement



## Choose Your Benefit

### DROP Benefit Payment Options

Please select ONE of the following benefit payment options. Your payment choice cannot be changed once this online form is submitted.

**DROP Complete Distribution**

I want a complete distribution of my DROP benefit paid as indicated below. (Choose one payment option for taxable portion and one for non-taxable portion):

#### Taxable Portion:

- Paid directly to me (less mandatory 20% Federal Tax withholding)
- Direct rollover to the institution listed below
- % as a partial rollover to the institution listed below with the balance paid directly to me (less mandatory 20% withholding).

#### Non-taxable Portion:

- Paid directly to me
- Direct rollover to the institution listed below
- % as a partial rollover to the institution listed below with the balance paid directly to me.

Pension ID:

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### Questions?

[1-844-GO-INPRS](#)

[SIGNUP FOR A RETIREMENT WORKSHOP](#)



# Additional DROP Application Requirements

## DROP Benefit Payment Options

Please select ONE of the following benefit payment options. Your payment choice cannot be changed once this online form is submitted.

### DROP Complete Distribution

I want a complete distribution of my DROP benefit paid as indicated below. (Choose one payment option for taxable portion and one for non-taxable portion):

#### Taxable Portion:

- Paid directly to me (less mandatory 20% Federal Tax withholding)
- Direct rollover to the institution listed below
- % as a partial rollover to the institution listed below with the balance paid directly to me (less mandatory 20% withholding).

#### FOR DROP ROLLOVERS

List the IRA or Qualified Retirement Plan that will accept a direct rollover of your taxable DROP benefit. INPRS will generate a check payable to this institution and mail it to your home address. Contact your institution to confirm how the check should be made out.

Plan/Trustee Name

Edward Jones

Your Name

#### Non-taxable Portion:

- Paid directly to me
- Direct rollover to the institution listed below
- % as a partial rollover to the institution listed below with the balance paid directly to me.



# 77 Fund Retirement Application

**myINPRRetirement**  
You've earned it. It's time to enjoy it.

### Confirmation of Benefit Payment Elections for [Redacted]

Your benefit elections have been submitted to INPRS for processing. Please save or print a copy of this confirmation for your records. You will also receive an email confirming your successful election submission. For privacy purposes, the email confirmation will not include any of your personal information or elections. You may come back at any time to retrieve your information.

**Please consider the risk level of your investment choices.** The market may fluctuate between now and when you make through the myINPRRetirement online system. Your last day in pay and 30 days after your chosen retirement date. To manage your risk, consider moving your money to a conservative investment option before your retirement date by visiting [myINPRRetirement.org](http://myINPRRetirement.org) before your retirement date.

Thank you for using myINPRRetirement. IN

Do you want to retire from Public Employees' Retirement Fund? You are allowed to retire from both. Please note that you may want to schedule an appointment with a Retirement Counselor so you fully understand your benefit estimates.

Pension ID: [Redacted]


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- SAVE & LOG OFF


Questions?  
1-844-GO-INPRS

YOUR PERSONAL INFORMATION	
Your Retirement Date	09/19/2023
You Chose	Normal Retirement
Your Date of Birth	01/01/1965
Address on File	123 MAIN STREET FISHERS, IN 46033 US
Most Recent Employer	[Redacted]
Certified Salary	[Redacted]
Estimated Years of Service Credit	26.01
Purchased Service	00.00
Marital Status	Married
Citizenship	US
Country of Legal Residence	US



# 77 Fund Retirement Application






 myINPRRetirement  
You've earned it. It's time to enjoy it.

Welcome back, [REDACTED]

You have a retirement application in progress. However, you are still eligible to retire from another INPRS retirement plan. INPRS offers interactive calculators to help you estimate what your monthly benefit payment will look like when you're ready to retire. You can access the calculators at any point by clicking on [Calculators](#) in the menu.

### Your retirement applications

RETIREMENT APPLICATION # [REDACTED]

 RETIREMENT TRACKER     VIEW APPLICATION     CANCEL APPLICATION

Your 1977 Police & Firefighters' Fund Application has been submitted.

GET STARTED

Pension ID: [REDACTED]

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- SAVE & LOG OFF

Questions?  
1-844-GO-INPRS

SIGNUP FOR A RETIREMENT WORKSHOP

# INPRS Contact Information

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## Web site:

[www.INPRS.in.gov](http://www.INPRS.in.gov)

## e-mail:

[questions@INPRS.in.gov](mailto:questions@INPRS.in.gov)

## Phone:

(844) 464-6777 (toll-free)

## Mailing Address:

INPRS

One North Capitol, Suite 001

Indianapolis, IN 46204



## Follow us on social media:





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# Questions?





# Administrative & Legislative Updates

**Presenter: Katie Luzader**  
**Employer Advocate**  
**Quality Coach**

(844) GO-INPRS  
[inprs.in.gov](https://inprs.in.gov)





# 1977 Fund Rate

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- The current Employer rate is 19.1% *through Dec. 31, 2024.*
- The INPRS Board of Trustees voted on Oct. 27, 2023, to set the 2024 rate at 20.3% *effective Jan. 1, 2025, through Dec. 31, 2025.*

# Baseline Process

---

- Complete the baseline application, and send with completed medical requirements, **at least 30 days** prior to intended date of hire.
- What happens once you send in the completed application?
  - INPRS reviews the application to ensure it is complete and no corrections are needed
    - If corrections are needed, we cannot send the application for review from the INPRS Medical Authority until all corrections are received and reviewed for correctness.
  - Complete applications are sent to the INPRS Medical Authority for review
    - Tuesday and Thursday are the days we have our courier pickups for items ready end of day Monday and Wednesday
- How many baseline applications and intent to hires do we process in a year?

# Baseline Process

---

## ▶ Once back from the INPRS Medical Authority

### Baseline placed on HOLD

- INPRS Medical Authority has requested additional information or testing
- Reason for hold is emailed and mailed to unit; mailed only to applicant
- Remains on hold until INPRS received necessary information to fulfill INPRS Medical Authority request.
  - This will add time to processing timeframe.
- **Baseline APPROVED**
  - Unit is emailed approval information and advised ready for enrollment
- **Baseline APPROVED with EXCLUDABLE(S)**
  - Unit is emailed approval information
  - Unit and applicant mailed excludable information
  - Excludables can be appealed within 15 days of receipt of letter
- **Baseline DENIED**
  - Unit emailed notice of denial
  - Unit and applicant are mailed denial letter; can appeal within 15 days of receipt of letter

# What is an excludable condition?

---

- IC 36-8-8-13.6: "Class 3 excludable condition" means a condition that is included on the list of excludable medical conditions established by the system board under subsection (b)."]
  - The list of Class 3 excludable conditions is found at 35 IAC 2-10-2.
- Applicant will not be entitled to Class III disability benefits during the first four years of employment unless such disability was a result of accidental injury. In addition, applicant will not be entitled to Class III disability benefits at any time during employment if the disability is a result of the excludable condition(s) listed.
- Review pages 16 & 17 of State Form 4928 (R19/5-23) for list excludable conditions established
- Note: There is an established list of conditions resulting in revocation of the candidate's conditional offer of employment unless the conditions can be eliminated / effectively reduced through reasonable accommodation to the extent required under the ADA .
- Each application is reviewed on a case-by-case basis by the INPRS Medical Authority for approval or denial into the 1977 Fund.

# Baseline Process Reminders

---

- Per 35 IAC 2-1-3(a), the hire date for an applicant must be on or after the effective date of approval.
  - Must be approved before enrollment and reporting Certified Salary wages and contributions to INPRS.
- Per IC 36-8-8-7, a *1977 Fund Intent to Hire: State Form 53075 (R2/1-24)* may replace the need for a baseline application if lateral transfer is less than **180 days** from termination at previous unit. A lateral transfer is when a 1977 Fund member transfers from one 1977 fund unit to another 1977 fund unit or is rehired by the same 1977 fund unit.



# Common Baseline Corrections



## APPLICATION FOR MEMBERSHIP

State Form 4928 (R19 / 5-23)  
Approved by State Board of Accounts, 2023

Reset Form

1977 POLICE OFFICERS' AND FIREFIGHTERS'  
PENSION AND DISABILITY FUND  
One North Capitol Avenue, Suite 001  
Indianapolis, Indiana 46204-2014  
Telephone: (888) 876-2707 (toll free)  
Fax: (317) 974-1616  
E-mail: [eppa@inprs.in.gov](mailto:eppa@inprs.in.gov)  
Website: [www.in.gov/inprs](http://www.in.gov/inprs)

### INSTRUCTIONS

1. Type or print using black ink.
2. Complete all applicant information as requested.
3. Do not leave any answer blank, unless instructed to skip.
4. Do not use "N/A" to complete any answer; if "none" applies, write "none".
5. Return the completed, signed, dated, and notarized application using the address on this form or fax.
6. Any incomplete portion of the application will result in a delay in processing.

Check here if you have 1977 Fund service:

\* This agency is requesting disclosure of Social Security Numbers in accordance with Internal Revenue Code 3405; disclosure is mandatory, and this form cannot be processed without it.

Name of applicant

Department applying to



# Page 5 Authorization for Release of Medical Information

---

- Notary Seal must be visible in the copy sent
- Notary Seal expiration date must match to what is written in the *Date commission expires* box

I am also aware that this authorization is subject to revocation at any time, except to the extent a person or institution has already legally acted in reliance on this authorization. If not previously revoked, this authorization will expire on the earlier of: the date I am extended an unconditional offer of employment to become a member of the department; or the date I am officially advised that I am ineligible for membership in the 1977 Fund.

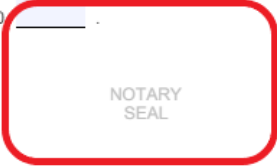
I understand that this information is required to complete my application to become employed as a member of the department and that misrepresentation, falsification of information, or failure to assist and cooperate with the department or the administrators of the 1977 Fund in obtaining the requested information will be considered cause for disqualification from consideration.

Further, I authorize investigation of all statements contained in this form. I understand that omission of facts called for in this application form is also cause for disqualification from further consideration.

I have read the above, understand it, and certify that I will fully and truthfully answer all questions to the best of my knowledge.

Dated this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

Signature of applicant	Social Security Number of applicant *
------------------------	---------------------------------------

Subscribed and sworn to me this _____ day of _____, 20____.	
Signature of notary public (No rubber stamp signatures.)	
Printed name of notary public	
Date commission expires (mm/dd/yyyy)	
County of residence	

# Page 11 Comprehensive Medical History (continued)

A. (3) PERSONAL AND SOCIAL HISTORY						
1. Have you ever smoked? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If No, skip questions 2-3 and proceed to question 4.</i>						
2. Do you smoke now? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If Yes, complete columns 3A and 3D. If No, complete columns 3B, 3C, and 3D.</i>						
3. Complete the appropriate columns explaining your smoking and vaping history.	Substance	3A. Amount currently smoking (number and frequency)		3B. Amount smoking when stopped (number and frequency)		3C. Year you stopped smoking
	Cigarettes	[REDACTED]				3D. Total years you smoked
	Pipe					
	Cigars			[REDACTED]		[REDACTED]
	Vaping					[REDACTED]
4. How much of the following do you usually drink each day? a. Cups of coffee _____ b. Cups of tea _____ c. Soft drinks _____						
5. Have you ever drunk alcoholic beverages? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If No, skip questions 6-10 and proceed to question 11.</i>						
6. Do you drink now? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If Yes, complete columns 7A and 7D. If No, complete columns 7B, 7C, and 7D.</i>						
7. Complete the appropriate columns explaining your drinking history.	Substance	7A. Amount currently drinking		7B. Amount drinking when stopped		7C. Year you stopped drinking
		Quantity and frequency	Number of drinks per week	Quantity and frequency	Number of drinks per week	
	Liquor	[REDACTED]	[REDACTED]			[REDACTED]
	Beer					
Wine			[REDACTED]		[REDACTED]	
8. Are you always able to stop drinking when you want to? <input type="checkbox"/> Yes <input type="checkbox"/> No		9. Has drinking ever created problems for you with your job, family, social life or other obligations? <input type="checkbox"/> Yes <input type="checkbox"/> No			10. Have you ever gone to anyone for help about your drinking? <input type="checkbox"/> Yes <input type="checkbox"/> No	



# Page 13 Physical Examination (continued)

## PHYSICAL EXAMINATION (continued)

Part of State Form 4928 (R19 / 5-23)  
Approved by State Board of Accounts, 2023

This section is to be completed by the examining physician. DO NOT ANSWER ANY QUESTION WITH "N/A"

### B. (2) TESTS (Each of the following tests must be administered to the applicant. Test results should be recorded below or attached.)

Vital signs (Test results should be recorded below or attached.)

Blood pressure \_\_\_\_\_ Pulse \_\_\_\_\_ Respiration \_\_\_\_\_ Height (inches) \_\_\_\_\_ Weight (pounds) \_\_\_\_\_

BMI \_\_\_\_\_ % Body Fat by impedance testing \_\_\_\_\_

Is the vision test included in the medical documentation?  Yes  No

Visual testing (using a Snellen chart or other comparable chart)

Visual acuity	Distant			Near		
	right	left	both	right	left	both
uncorrected	/	/	/	/	/	/
corrected	/	/	/	/	/	/

Color vision (ability to identify red, green, and yellow colors)?  Yes  No

Peripheral vision (at least 140° in the horizontal meridian of each eye without correction)?  Yes  No

Audio testing - should be performed in an ANSI approved "soundproof" booth (ANSI S3.1-1991) with equipment calibrated to ANSI standards (ANSI S3.6-1989). If a booth is unavailable, the test room sound pressure levels should not exceed those specified in the Federal OSHA noise regulations (29 CFR 1910.95) (July 4, 1993 Edition).

Pulmonary function testing - A minimum of three (3) acceptable Forced Vital Capacity (FVC) maneuvers must be performed and recorded. The best two (2) FVC maneuvers must reveal results that are within 5% of each other. The best Forced Expiratory Volume in One Second (FEV1) are recorded and the FEV1/FVC ratio is then calculated. Additional spirometric functions may be performed if desired or indicated.

Chest x-ray - Posterior-anterior / lateral views with interpretation by a radiologist required. Other diagnostic imaging, if indicated.

12-lead ECG (resting) test with interpretation by a cardiologist or other qualified physician. Other diagnostic testing, if indicated.

Laboratory testing (minimum)

- Complete blood count
- Blood chemistries - fasting glucose, BUN, creatinine, hemoglobin A1c (HbA1c)
- Liver function - SGPT (ALT), SGOT (AST), GGT, LDH, alkaline phosphatase, total protein, albumin, bilirubin (total)
- Urinalysis - SG, blood, protein, glucose, ketones, bilirubin and nitrates required, microscopic evaluation required if any significant abnormalities above have resulted
- HIV testing - if screening test positive, confirm testing with Western Blot analysis HIV antigen
- Syphilis serology
- Urine drug screen - must test for at least marijuana, cocaine, opiates, amphetamines, PCP, benzodiazepines, and barbiturates. Testing must be performed in accord with the acceptable standards within the field of forensic toxicology and should adhere to all proper chain of custody procedures.
- TBc skin test - applied and interpreted - not to be done if there is a past history of positive PPD or pulmonary TBc

# Page 17 Excludable Conditions (continued)

Degree of future impairment:						
<b>HEMATOLOGY / ONCOLOGY</b>				a. Rheumatoid arthritis and myasthenia gravis.	<input type="checkbox"/>	<input type="checkbox"/>
55. Any disease of the blood forming organs or of the blood.	<input type="checkbox"/>	<input type="checkbox"/>		b. Dermatomyositis.	<input type="checkbox"/>	<input type="checkbox"/>
56. Anemia with the hemoglobin lower than twelve (12) grams per hundred cubic centimeters.	<input type="checkbox"/>	<input type="checkbox"/>		c. Scleroderma.	<input type="checkbox"/>	<input type="checkbox"/>
57. Polycythemia, leukemia, or any other progressive diseases of the blood system.	<input type="checkbox"/>	<input type="checkbox"/>		75. Lupus erythematosus.	<input type="checkbox"/>	<input type="checkbox"/>
58. Hemophilia or other bleeding disorders.	<input type="checkbox"/>	<input type="checkbox"/>		76. Obesity of such a degree so as to interfere with normal activities, including respiration.	<input type="checkbox"/>	<input type="checkbox"/>
59. Malignant melanoma or, if it had been removed, any evidence of metastatic disease.	<input type="checkbox"/>	<input type="checkbox"/>		77. Acquired immune deficiency syndrome (AIDS) or human immunodeficiency virus (HIV) positive, as determined by a blood test.	<input type="checkbox"/>	<input type="checkbox"/>
60. Hodgkin's disease, lymphadenopathy, lymphomas, or lymphosarcomas.	<input type="checkbox"/>	<input type="checkbox"/>		78. Sexually transmitted diseases should be considered for further examination by a qualified medical specialist to determine the likelihood and degree of future impairment.	<input type="checkbox"/>	<input type="checkbox"/>
61. Any malignant tumor of any type unless completely eradicated for at least ten (10) years.	<input type="checkbox"/>	<input type="checkbox"/>		79. Narcolepsy or hypersomnolence due to any cause.	<input type="checkbox"/>	<input type="checkbox"/>
<b>MUSCULOSKELETAL SYSTEM</b>				80. Organ transplant.	<input type="checkbox"/>	<input type="checkbox"/>
62. Any active disease of bones and joints, including active arthritis, osteomyelitis, or marked deformity of the spinal column, including, but not limited to, the following: a. History of laminectomy b. Amputation or deformity of a joint or limb c. Joint reconstruction d. Ligamentous instability e. Joint replacement	<input type="checkbox"/>	<input type="checkbox"/>		81. Sleep apnea syndrome.	<input type="checkbox"/>	<input type="checkbox"/>
63. Herniation of an intervertebral disk.	<input type="checkbox"/>	<input type="checkbox"/>		82. Anxiety disorder.*	<input type="checkbox"/>	<input type="checkbox"/>
64. Ankylosing rheumatoid spondylitis.	<input type="checkbox"/>	<input type="checkbox"/>		83. Panic disorder.*	<input type="checkbox"/>	<input type="checkbox"/>
65. Muscular dystrophy.	<input type="checkbox"/>	<input type="checkbox"/>		84. Obsessive compulsive disorder.*	<input type="checkbox"/>	<input type="checkbox"/>
<b>METABOLIC / ENDOCRINE SYSTEM</b>				85. Post-traumatic stress disorder.*	<input type="checkbox"/>	<input type="checkbox"/>
66. Diabetes requiring insulin or oral hypoglycemics. An individual with diabetes whose condition is effectively controlled by diet alone would not be considered to have an excludable condition. An applicant with a history of hyperglycemia glucosuria or albuminuria must be considered to have an excludable condition unless a report from the physician that treated the applicant can be obtained which assures the absence of diabetes mellitus.	<input type="checkbox"/>	<input type="checkbox"/>		86. Attention deficit/hyperactivity disorder.*	<input type="checkbox"/>	<input type="checkbox"/>
				87. Tourette syndrome.*	<input type="checkbox"/>	<input type="checkbox"/>
				88. Depressive disorder.*	<input type="checkbox"/>	<input type="checkbox"/>
				89. Bipolar disorder.*	<input type="checkbox"/>	<input type="checkbox"/>
				90. Personality disorder.*	<input type="checkbox"/>	<input type="checkbox"/>
				91. Substance abuse disorder.*	<input type="checkbox"/>	<input type="checkbox"/>
				92. Schizophrenia and other psychotic disorders.*	<input type="checkbox"/>	<input type="checkbox"/>
				93. Anorexia nervosa.*	<input type="checkbox"/>	<input type="checkbox"/>
				94. Miscellaneous or other significant psychiatric disorder.*	<input type="checkbox"/>	<input type="checkbox"/>
				95. Any disqualifying condition under 86 INRS 2-6-6 that has been accommodated by the local appointing authority.	<input type="checkbox"/>	<input type="checkbox"/>
				96. Any other significant disease/disorder.	<input type="checkbox"/>	<input type="checkbox"/>

\* Items 82 – 94 on this page must be completed by a licensed psychiatrist/psychologist.

Signature of licensed physician (No rubber stamp signatures.)	Date (mm/dd/yyyy)
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*Signature of licensed psychiatrist/psychologist (No rubber stamp signatures.)	Date (mm/dd/yyyy)
--	-------------------

PHYSICIAN AND PSYCHOLOGIST IDENTIFYING INFORMATION (Print or type.)	
Name of licensed physician	*Name of licensed psychiatrist/psychologist
Address (number and street, city, state, and ZIP code)	*Address (number and street, city, state, and ZIP code)
Telephone number (with area code)	*Telephone number (with area code)
Number issued by Medical Licensing Board	*Number issued by Medical Licensing Board



# Page 21 Certification by Local Board

- Board member and pension secretary are two different individuals.
- They both must complete all sections required for their signature including:
  - Signature
  - Printed name
  - Date
  - Phone number

## CERTIFICATION BY LOCAL BOARD

Part of State Form 4928 (R19 / 5-23)  
Approved by State Board of Accounts, 2023

The _____ Board ("Board") has determined that <small>Name of local board</small>	
_____ <small>Name of applicant</small>	:
<p>(1) passes the local physical and mental standards, if any, established by the appointing authority for the department; (2) has been determined to be mentally suitable to be a member of the department after being tested using the baseline statewide mental examination (MMPI-III); (3) has successfully met all minimum criteria for the baseline physical examination; (4) has been determined to meet the physical requirements to be a member of the department by virtue of having passed said physical and mental standards; and (5) the examining physician must not have a pre-existing personal relationship with the applicant.</p> <p>The Board certifies that the statewide mental examination prescribed by the INPRS board was appropriately administered and that the results of the examination were interpreted by a licensed psychiatrist or a licensed PhD psychologist. The Board has attached hereto copies and certification of the results of the physical agility examination required by law, and certification of the results of the baseline statewide mental examination. The Board further certifies that the applicant has satisfied any aptitude, physical agility, or physical and mental standards established by the appointing authority.</p>	
Signature of board member <i>(No rubber stamp signatures.)</i>	Date <i>(mm/dd/yyyy)</i>
Printed name of board member	Telephone number <i>(with area code)</i>
Signature of pension secretary <i>(No rubber stamp signatures.)</i>	Date <i>(mm/dd/yyyy)</i>
Printed name of pension secretary	Telephone number <i>(with area code)</i>

# Page 23 Certification by Appointing Authority

## CERTIFICATION BY APPOINTING AUTHORITY

Part of State Form 4928 (R19 / 5-23)  
Approved by State Board of Accounts, 2023

The appointing authority for the \_\_\_\_\_ certifies that it has adopted standards  
*Name of city / town department*

or physical agility tests and has administered the tests to \_\_\_\_\_, who successfully  
*Name of applicant*

passed the standards. These results have been certified to the local board.

The appointing authority further certifies that it caused to be administered the baseline statewide physical examinations required by law, that the examination was administered by a licensed physician, and that the applicant successfully met all standards and passed said examination. The appointing authority further certifies that no medical examination was performed upon the applicant prior to a conditional offer of employment. The appointing authority further certifies that, at the time of the conditional offer of employment, the applicant completed the attached "Statement of Understanding."

The appointing authority certifies that, with respect to the statewide baseline standards, reasonable accommodations have been made to enable the applicant to successfully perform the essential functions of the job and/or eliminate or effectively reduce the direct threat that would be caused by the presence of the following disease(s) or condition(s):


# Page 23 Certification by Appointing Authority

- Certification for veteran service is only needed if certifying the applicant has at least twenty (20) years of military service.
- Signature of appointing authority is expected to be a third individual that has not signed as the board member or pension secretary on page 22. They must also complete all sections required for their signature including

- Signature
- Printed name
- Date
- Phone number

In addition to the statewide required standards, the appointing authority has established the following additional standards as a condition of employment:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

The appointing authority further certifies that \_\_\_\_\_ has passed the locally prescribed standards and the test results for these standards have been certified by the local board.

Name of applicant

The appointing authority for the \_\_\_\_\_ certifies that \_\_\_\_\_ is a veteran who has completed at least twenty (20) years of military service

Name of city / town department

Name of applicant

And received or is eligible to receive an honorable discharge from the below indicated branch(es) of the military.  
Check the appropriate branch(es):

The United States Army     
  The United States Navy     
  The United States Air Force  
 The United States Marine Corps     
  The United States Coast Guard     
  The Indiana National Guard

Signature of appointing authority (No rubber stamp signatures.)	Date (mm/dd/yyyy)
Printed name of appointing authority	Telephone number (with area code)

# ERM Contact Cleanup

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- Ensure your unit has Contact Types listed appropriately in ERM under the Manage Submission Unit Screen
  
- Baseline related emails are sent to the following Contact Types:
  - Authorized Agent/Clerk Treasurer
  - Chief
  - Pension Secretary
  
- Contact Types are used for mailing distribution lists from INPRS. Examples:
  - Certified Salary
  - Pension Relief
  - Rate Information

# Employer Advocate Team Contact Information

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[www.inprs.in.gov](http://www.inprs.in.gov)



[eppa@inprs.in.gov](mailto:eppa@inprs.in.gov)



Toll-Free  
(888) 876-2707





# Questions?







# Local Board Standards

**Dr. Darren Higginbotham, Psy.D.**  
**DLH Counseling and Consulting, LLC**

(844) GO-INPRS  
[inprs.in.gov](http://inprs.in.gov)



# 1977 Police Officers' and Firefighters' Mentor Best Practice Discussion

(844) GO-INPRS  
[inprs.in.gov](http://inprs.in.gov)



## **Mentor Panelist:**

**Pat Scher – Huntington PD**

**Adam Miller – Carmel PD**

**Blake Lytle – Carmel PD**

**Todd Wilson – Indianapolis FD**

**Bill Parker - Bloomington PD**



## Mentor Best Practice Discussion

- Overview of a Pension Board
  - Pension board set up.
  - Effects of poor decisions as a pension board.
  - Roles and responsibilities of pension board.
- How to be an effective pension secretary?
- Pension Secretary Mentor Question Discussion

# Pension Seminar Questions

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- 1) How many of your departments have a pension board? Can you discuss some of the issues you face?
- 2) How many of you don't have a pension board, can you discuss your challenges of setting up one?
- 3) What are some of the rumors of local boards we need to dismiss?
- 4) Do you face issues with disability hearings, if so, what are they?
- 5) As a pension secretary, what help do you need to become more effective with your unit?
- 6) Do you have an annual pension board meeting?
- 7) How does your department vote for the pension board members to be elected? If so, what is your process?
- 8) Do your pension boards have a meeting process to approve the INPRS application?
- 9) How does your local board document your pension meetings?