

**The Police Department of the City of Aurora
Retirement Program Enrollment Form
IRREVOCABLE ELECTION TO PARTICIPATE IN HYBRID OPTION**

1	Enter Your Info (Please Print)	<table style="width: 100%; border: none;"> <tr> <td style="width: 33%; border: none;">LAST NAME</td> <td style="width: 33%; border: none;">FIRST NAME</td> <td style="width: 34%; border: none;">MIDDLE INITIAL</td> </tr> <tr> <td style="border: none;">_____</td> <td style="border: none;">_____</td> <td style="border: none;">_____</td> </tr> <tr> <td style="border: none;">EMPLOYEE ID</td> <td colspan="2" style="border: none;">DATE OF BIRTH (MM/DD/YYYY)</td> </tr> <tr> <td style="border: none;">_____</td> <td colspan="2" style="border: none;">_____</td> </tr> </table>	LAST NAME	FIRST NAME	MIDDLE INITIAL	_____	_____	_____	EMPLOYEE ID	DATE OF BIRTH (MM/DD/YYYY)		_____	_____										
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_____	_____	_____																					
EMPLOYEE ID	DATE OF BIRTH (MM/DD/YYYY)																						
_____	_____																						
2	Sign Here	<p>By signing below, I acknowledge that I have read and understand the information on page 2 of this Enrollment Form, and I certify all supplied information to be true and correct. I understand that this form cannot be processed without the last four digits of my Social Security number, date of birth, plan choice and signature. I further understand that the selection of the “Hybrid” (DB + MPPP) option is an irrevocable election.</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 60%; border: none;">SIGNATURE</td> <td style="width: 40%; border: none;">DATE</td> </tr> <tr> <td colspan="2" style="border: none;">_____</td> </tr> <tr> <td colspan="2" style="border: none;">PERSONAL EMAIL</td> </tr> <tr> <td colspan="2" style="border: none;">_____</td> </tr> <tr> <td colspan="2" style="border: none;">PHONE NUMBER WITH AREA CODE (MOBILE RECOMMENDED)</td> </tr> <tr> <td colspan="2" style="border: none;">_____</td> </tr> </table>	SIGNATURE	DATE	_____		PERSONAL EMAIL		_____		PHONE NUMBER WITH AREA CODE (MOBILE RECOMMENDED)		_____										
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3	Witness Signature*	<p>Signature witnessed by Notary -</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 60%; border: none;">SIGNATURE</td> <td style="width: 40%; border: none;">DATE</td> </tr> <tr> <td colspan="2" style="border: none;">_____</td> </tr> <tr> <td colspan="2" style="border: none;">State of _____</td> </tr> <tr> <td colspan="2" style="border: none;">County of _____</td> </tr> <tr> <td colspan="2" style="border: none;">Signed before me on _____</td> </tr> <tr> <td colspan="2" style="border: none;">by _____.</td> </tr> <tr> <td style="border: none;">Signature of Notarial Officer</td> <td rowspan="4" style="border: 1px solid black; vertical-align: middle; text-align: center;"> <div style="width: 100%; height: 100%;"></div> </td> </tr> <tr> <td style="border: none;">Notary Public</td> </tr> <tr> <td style="border: none;">Title of Office</td> </tr> <tr> <td style="border: none;">_____</td> </tr> <tr> <td style="border: none;">Commission Expiration</td> <td style="border: none; text-align: center;">(Notary Stamp)</td> </tr> <tr> <td colspan="2" style="border: none;">_____</td> </tr> </table>	SIGNATURE	DATE	_____		State of _____		County of _____		Signed before me on _____		by _____.		Signature of Notarial Officer	<div style="width: 100%; height: 100%;"></div>	Notary Public	Title of Office	_____	Commission Expiration	(Notary Stamp)	_____	
SIGNATURE	DATE																						

State of _____																							
County of _____																							
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Title of Office																							

Commission Expiration	(Notary Stamp)																						

4	Submit Your Form	<p>INNOVEST/AURORA POLICE RETIREMENT PLANS ADMINISTRATION apdretire@innovestinc.com FAX 303-694-4707</p>																					

* Waived for Employees currently on leave for qualified military service.

Under the “Hybrid” Option,** there is a Defined Benefit (DB Plan) plus Money Purchase Pension Plan (MPPP) option. 16.5% of Compensation (8.25% from the City and 8.25% mandatory contribution from the member) will be contributed to the DB Plan, and 7.5% of Compensation (3.75% from the City and 3.75% mandatory contribution from the member) will be contributed to the MPPP. **Once made, THIS ELECTION IS IRREVOCABLE.**

QUESTIONS?

INNOVEST/AURORA POLICE RETIREMENT PLANS ADMINISTRATION

303-221-5900

apdretire@innovestinc.com

Review the Following Important Information Carefully

Do not submit this page with your Enrollment Form

- **Hybrid Option Eligibility Requirements**—Any Employee in covered employment on January 1, 2022 must elect to become a DB Plan Member no later than June 30, 2023. Any Employee in covered employment hired or rehired (provided no prior election has been made) by the Employer after January 1, 2022 must elect to become a DB Plan Member within thirty-six (36) months of such hire or rehire date. DB Plan membership is effective with the first day of the first complete payroll period ending in the calendar month immediately following the date the election is made. **TO ELECT TO PARTICIPATE IN THE HYBRID OPTION (DB + MPPP) EFFECTIVE WITH THE PAYROLL PERIOD COMMENCING JANUARY 1, 2022, YOU MUST COMPLETE AND SUBMIT THIS FORM DURING THE DECEMBER 1, 2021 THROUGH DECEMBER 15, 2021 (DECEMBER 31, 2021 IF CURRENTLY ON LEAVE FOR QUALIFIED MILITARY SERVICE) ENROLLMENT PERIOD.**
- **Incomplete Form**—You will be notified if your form is incomplete and was not processed. You must submit a new completed form by your deadline in order for your choice to be processed. Keep a copy for your records.
- **Electronic Signature** – An electronic signature must include a systematic digital authentication such as a date or time stamp showing verification of your intent to sign the form. By submitting a digital authenticated electronic signature, you acknowledge that it is the same as a handwritten signature.
- **Plan Choice Deadline**—You are responsible for ensuring your election is received by the Plan Administration Committee (or its designee) on or before the deadlines noted above.
- **Eligibility**—You must be actively employed and earning salary and service credit when your form is received by the Plan Choice Administrator. If it is determined that you were not eligible, your election will be invalid.
- **Default Enrollment**—If you do not submit a choice you will be enrolled in or remain in the Money Purchase Pension Plan (MPPP).
- **Beneficiary Designation**—Designate a beneficiary for the DB Plan by submitting a Beneficiary Designation Form. Forms are available at the following web address: www.marcweb.com/PlannerAPD
If you do not designate a beneficiary, in the event of your death, your benefits, if any, will be distributed in accordance with the respective plan provisions, as applicable. Please note, this Beneficiary Designation is for the DB Plan component only. You should complete a separate form for the MPPP.
- **If You Elected the “Hybrid” Option**—You understand that the DB Plan is a defined benefit plan, which will provide you with benefit payments at retirement if you meet certain criteria.

** The City’s contribution may be adjusted to take into account advance funding once the Plan is funded on an actuarially sound basis. Also, while not currently contemplated, the design may change in the future.