

MUNICIPAL PENSIONS AND FIRE RELIEF PROGRAMS UNIT

CERTIFICATION FOR FOREIGN FIRE INSURANCE TAX DISTRIBUTION & GENERAL MUNICIPAL PENSION STATE AID

FOR JANUARY 1, 2015 - DECEMBER 31, 2015

THIS CERTIFICATION MUST BE RETURNED ON OR BEFORE MARCH 31, 2016

IMPORTANT: PLEASE READ INSTRUCTIONS BEFORE COMPLETING THIS CERTIFICATION

SECTION A. CERTIFICATION OF FIRE PROTECTION

THE RESPONSES PROVIDED IN THIS SECTION MUST BE VALIDATED BY SUPPORTING DOCUMENTATION WHICH MUST BE MAINTAINED BY THE MUNICIPALITY AND WILL BE SUBJECT TO AUDIT BY THE DEPARTMENT.

- Our municipality is serviced SOLELY by VOLUNTEER FIREFIGHTERS.
Our municipality is serviced SOLELY by PAID FULL-TIME FIREFIGHTERS.
Our municipality is serviced by both PAID FULL-TIME FIREFIGHTERS and VOLUNTEER FIREFIGHTERS.
(You must indicate the proportion of the actual fire protection provided by each on a percentage basis.)

PAID PROTECTION [ ]% VOLUNTEER PROTECTION [ ]% TOTAL [ ]% MUST EQUAL 100%

SECTION B. CERTIFICATION OF FULL-TIME EMPLOYEES PARTICIPATING IN MUNICIPAL PENSION PLANS

(Totals must agree with personnel roster.) If none, write "NONE."

POLICE

FIREFIGHTER

NON-UNIFORMED

- 1a. Number of working, active full-time police officers who are members of a police pension plan.
2a. Number of working, active, full-time firefighters who are members of a paid firefighters pension plan.
3a. Number of working, active, full-time non-uniformed employees who are members of a non-uniformed pension plan.

[ ]

[ ]

[ ]

- 1b. Was this police pension plan established on or before 12/31/84? If no, please indicate date police pension plan was established.
2b. Was this paid firefighters pension plan established on or before 12/31/84? If no, please indicate date paid firefighters pension plan was established.
3b. Was this non-uniformed pension plan(s) established on or before 12/31/84? If no, please indicate date nonuniformed pension plan(s) was established.

Yes No Date: [ ]

Yes No Date: [ ]

Yes No Date: [ ]

- 1c. Total full-time payroll for calendar year 2015 for police officers reported in 1a.
2c. Total full-time payroll for calendar year 2015 for firefighters reported in 2a.
3c. Number of working, active, full-time police officers or firefighters who are members of this pension plan and NOT reported in 1a., 2a., or 3a.

\$ [ ]

\$ [ ]

Police [ ] Firefighters [ ]

False Statements made herein are punishable under 18 P.S. § 4904 (relating to unsworn falsification to authorities).

SECTION C. CERTIFICATION OF MUNICIPAL OFFICERS

AFFIX MUNICIPAL SEAL

(Signature of Secretary/City Clerk)
( ) Telephone Number

Total [ ]

- 3e. Total full-time payroll for calendar year 2015 for members of all non-uniformed pension plans reported in 3a. and 3c.

\$ [ ]

In witness whereof, the (city, borough, township) of [ ] in the county of [ ] has caused this certification to be made and executed by its Chief Administrative Officer, and has affixed its Official Seal, this [ ] day of [ ] 2016.

(Signature of Chief Administrative Officer)
( ) Telephone Number

NOTE: AG-385 FORM WILL BE RETURNED IF MUNICIPAL SEAL AND SIGNATURES ARE NOT PRESENT

RETURN ORIGINAL COMPLETED FORMS TO:

DEPARTMENT OF THE AUDITOR GENERAL
MUNICIPAL PENSIONS AND FIRE RELIEF PROGRAMS UNIT
320 FINANCE BUILDING
HARRISBURG, PENNSYLVANIA 17120

Label

Direct all questions to Municipal Pensions & Fire Relief Programs Unit at 1-800-882-5073 or email at Comptroller@PaAuditor.gov