

**DEPARTMENT OF THE AUDITOR GENERAL
MUNICIPAL PENSIONS AND FIRE RELIEF PROGRAMS UNIT**

**2016 INSTRUCTIONS FOR FOREIGN FIRE INSURANCE TAX DISTRIBUTION
AND GENERAL MUNICIPAL PENSION SYSTEM STATE AID PROGRAM
CERTIFICATION FORM AG – 385**

GENERAL INSTRUCTIONS:

1. To participate in the **Foreign Fire Insurance Tax Distribution** and **General Municipal Pension System State Aid Programs**, municipalities must complete and return **Certification Form AG-385** to the Department of the Auditor General by **March 31, 2016**. If the certification is not received by this Department by the filing deadline, your municipality may be ineligible to receive state aid. (Make sure the form is properly completed –incomplete or inaccurate forms will be returned to the municipality).
2. This **Certification** must be completed by the person designated by your municipality to be the Chief Administrative Officer for certifying information to the Department of the Auditor General.
3. **EVERY MUNICIPALITY MUST COMPLETE SECTIONS A, B, and C.** If your municipality does not provide pension coverage for any type of employees listed in **SECTION B**, enter “NONE” in the appropriate space.
4. Please return the **Certification Form AG-385** and the **Personnel Rosters** to:

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

5. Direct all questions regarding these forms to the Municipal Pensions and Fire Relief Programs Unit at 1-800-882-5073 or email Comptroller@PaAuditor.gov.

INSTRUCTIONS FOR SECTION A – CERTIFICATION OF FIRE PROTECTION

**YOU MUST COMPLETE THIS SECTION TO RECEIVE AN ALLOCATION FOR YOUR
VOLUNTEER FIREFIGHTERS RELIEF ASSOCIATION**

CHOOSE ONLY ONE CATEGORY – IF YOUR MUNICIPALITY IS SERVED:

1. **SOLELY BY VOLUNTEER FIREFIGHTERS**, check space No. ❶
2. **SOLELY BY PAID FULL-TIME FIREFIGHTERS** (who are members of a municipal pension plan), check space No. ❷
3. **BOTH PAID FULL-TIME FIREFIGHTERS** (who are members of a municipal pension plan) and **VOLUNTEER FIREFIGHTERS**, check space No. ❸
 - A. You must indicate the proportion on a percentage basis for the actual fire protection provided by both paid and volunteer firefighters. **The combined percentages must equal 100%.**
 - B. **DO NOT INCLUDE** in the percentage attributable to paid firefighters the services of volunteer firefighters who receive a token payment for their services. (Example – payment of \$10 for responding to a fire call).

**INSTRUCTIONS FOR SECTION B - CERTIFICATION OF FULL-TIME
EMPLOYEES PARTICIPATING IN MUNICIPAL PENSION PLANS**

**YOU MUST COMPLETE THIS SECTION TO RECEIVE YOUR GENERAL
MUNICIPAL PENSION SYSTEM STATE AID ALLOCATION**

- If your municipality has **NO** eligible employees, enter “**NONE**” where applicable in questions **1a, 2a, 3a, or 3c**.
- Count each employee and the employee’s associated payroll for **ONLY one (1) pension plan** (Uniformed or Non-Uniformed).
- **You MAY NOT CERTIFY employees participating in:**
 - A. Individual Retirement Accounts (IRA) – **INELIGIBLE**
 - B. Deferred Compensation Plans – **INELIGIBLE**
- **Municipal Authority Employees** are not eligible unless the employees meet certain conditions in the Third Class City Code (see Section 3 of Act 362 of 1992).
- Complete **PERSONNEL ROSTERS** for each pension plan (Uniformed and Non-Uniformed.) and return with Certification Form AG-385. Totals from the Personnel Roster **MUST EQUAL totals on the Certification Form AG-385**. Provide all information on the roster.
- Your municipality **MUST MAINTAIN** its pension plan for **THREE (3) years** before it qualifies for state aid.
NOTE: MUNICIPALITIES MAY NOT RETROACTIVELY ESTABLISH A PENSION PLAN TO QUALIFY.
 - A. A municipal pension plan is “**maintained**” by the municipality. “**Maintained**” means **financial support for 3 consecutive years by means of municipal contributions**.
 - B. The plan may be administered by the municipality or by a trustee, such as a bank, insurance company, union or the Pennsylvania Municipal Retirement System.

1a. WORKING, ACTIVE, FULL-TIME POLICE OFFICERS

Each Police Officer **MUST meet each of these conditions anytime between 1/1/15 to 12/31/15:**

- A. Be an **ACTIVE, FULL-TIME POLICE OFFICER** employed by the municipality.
- B. Be **EMPLOYED FOR ANY SIX (6) CONSECUTIVE MONTHS** during calendar year **2015**.
- C. **WORK NOT LESS THAN 35 HOURS PER WEEK.**

DISABILITY BENEFITS–

You may report Police Officers receiving **TEMPORARY SERVICE –RELATED DISABILITY BENEFITS.**

- D. Be a **MEMBER OF A POLICE PENSION PLAN** and meet all its requirements.

1b. POLICE PENSION PLAN ESTABLISHED

If the pension plan was established **AFTER DECEMBER 31, 1984**, you must write in the date the plan was established. Your plan **must have been established on or before 1/1/13** to be eligible for state aid.

1c. TOTAL PAYROLL FOR POLICE PENSION PLAN

- A. To provide the total payroll for all police officers participating in the plan, use W-2 tax form earnings pertaining to **FULL-TIME POSITION AS A POLICE OFFICER** for calendar year **2015**.
- B. Include any Heart and Lung benefits as part of employee W-2 wages.

2a. WORKING, ACTIVE, FULL -TIME, PAID FIREFIGHTERS

Each Paid Firefighter **MUST** meet each of these conditions anytime between **1/1/15 to 12/31/15**:

- A. Be an **ACTIVE, FULL-TIME PAID FIREFIGHTER** employed by the municipality.
- B. Be **EMPLOYED FOR ANY SIX (6) CONSECUTIVE MONTHS** during calendar year **2015**.
- C. **WORK NOT LESS THAN 35 HOURS PER WEEK**
- D. Be a **MEMBER OF A FIREFIGHTERS PENSION PLAN** and meet all its requirements.

2b. FIREFIGHTERS PENSION PLAN ESTABLISHED

If the pension plan was established **AFTER DECEMBER 31, 1984**, you must write in the date the plan was established. Your plan **must have been established on or before 1/1/13** to be eligible for state aid.

2c. TOTAL PAYROLL FOR FIREFIGHTERS PENSION PLAN

- A. To provide the total payroll for all paid firefighters participating in the plan, use W-2 tax form earnings pertaining to **FULL-TIME POSITION AS A PAID FIREFIGHTER** for calendar year **2015**.
- B. Include any Heart and Lung benefits as part of employee W-2 wages.

3a. WORKING, ACTIVE, FULL -TIME, NON-UNIFORMED EMPLOYEES

Each Non-Uniformed Employee **MUST** meet each of these conditions anytime between **1/1/15 to 12/31/15**:

- A. Be an **ACTIVE, FULL-TIME NON-UNIFORMED EMPLOYEE** of the municipality.
- B. Be **EMPLOYED FOR ANY SIX (6) CONSECUTIVE MONTHS** during calendar year **2015**.
- C. **WORK NOT LESS THAN 35 HOURS PER WEEK.**
- D. Be a **MEMBER OF A PENSION PLAN** and meet all its requirements.

3b. PENSION PLAN ESTABLISHED

If the pension plan was established **AFTER DECEMBER 31, 1984**, you must write in the date the plan was established. Each plan **must have been established on or before 1/1/13** to be eligible for state aid.

3c. **UNIFORMED EMPLOYEE WHO IS A MEMBER OF NON-UNIFORMED PLAN**

- A. A paid firefighter or police officer who is a member of a non-uniformed plan **MUST BE REPORTED ON THIS LINE.**
- B. The firefighter or police officer **MUST MEET ALL OF THE REQUIREMENTS OUTLINED IN INSTRUCTIONS 1a and 2a INCLUSIVE.**
- C. The above employees **MUST BE IDENTIFIED** on the **PERSONNEL ROSTER** by indicating “**F**” for firefighter or “**P**” for police officer immediately following their names.

3d. **TOTAL NUMBER**

The municipalities **TOTAL NUMBER OF ACTIVE, FULL-TIME, NON-UNIFORMED EMPLOYEES** reported on Line 3a. **PLUS** the total number of police and firefighters recorded on line 3c must be reported on this line.

3e. **TOTAL PAYROLL FOR NON-UNIFORMED PENSION PLAN(S)**

To provide the total payroll for all employees participating in the plan, use W-2 tax form earnings pertaining to **FULL-TIME POSITIONS** for calendar year **2015**. Supervisor meeting pay should **not** be included on the certification form.

INSTRUCTIONS FOR SECTION C – CERTIFICATION

- ➔ The **Chief Administrative Officer must sign** where designated on both the **PERSONNEL ROSTER** and the **AG-385 form**. The **Municipal Secretary must sign** where designated and **affix the municipal seal**. They may be the same individual.

NOTICE

The information provided by your municipality on **CERTIFICATION FORM AG-385** and the corresponding **PERSONNEL ROSTERS** will be subject to review and verification during a routine pension plan audit by the Department of the Auditor General. **YOUR MUNICIPALITY MUST MAINTAIN SUPPORTING DOCUMENTATION THAT SHOWS (1) FOR SECTION A, HOW THE INFORMATION FOR CERTIFYING PERCENTAGES OF FIRE PROTECTION WAS OBTAINED AND (2) FOR SECTION B, HOW THE NUMBER OF EMPLOYEES CERTIFIED AND THE PAYROLL AMOUNT CERTIFIED WERE DETERMINED.**

FALSE STATEMENTS MADE HEREIN ARE PUNISHABLE UNDER 18 P.S. § 4904 (RELATING TO UNSWORN FALSIFICATION TO AUTHORITIES).

IF A MUNICIPAL PENSION SYSTEM OR A VOLUNTEER FIREFIGHTER RELIEF ASSOCIATION RECEIVES AN OVERPAYMENT OF STATE AID BECAUSE OF INCORRECT DATA ON THE AG-385 FORM, THE OVERPAYMENT, PLUS INTEREST MUST BE RETURNED TO THE COMMONWEALTH.