LOCAL PUBLIC SAFETY AND FIREFIGHTER SURVIVING SPOUSE TRUST FUND

Certification of Eligible Employees

(mail to: Department of Public Safety, Attn. Trust Fund,
PO Box 141775, Salt Lake City UT 84114)

Agency Name:_____

Administrator Name:_____

Office Address:_____

Phone Number:_____

I certify that there are a total of _____ active employees participating in a retirement system under Utah Code Title 49, Utah State Retirement and Insurance Benefit Act covering public safety and firefighter members employed by the above mentioned agency as of March 31, 20____.

I understand that if the above referenced agency does not cover the public safety officers or firefighters in a retirement system under Utah Code Title 49, Utah State Retirement and Insurance Benefit Act, the agency may elect to participate in the Local Public Safety and Firefighter Surviving Spouse Trust Fund by a resolution adopted by the agency. Under this election, I certify that there are a total of ____ active public safety officers and firefighters as defined in Senate Bill 206 passed in the 2018 Legislative General Session.

I understand that I may confirm the number of active public safety and firefighter employees of the above mentioned agency participating with the Utah Retirement Systems (URS) with URS. I further understand that premiums paid to the Local Public Safety and Firefighter Surviving Spouse Trust Fund for ineligible employees are non-refundable.

Administrator Signature:_____Date:_____