



Montana Public Employee Retirement Administration
PO Box 200131 • Helena MT 59620-0131
(406) 444-3154 • Toll Free (877) 275-7372
<http://mpera.mt.gov>

VOLUNTEER FIREFIGHTERS' COMPENSATION ACT (VFCA) APPLICATION FOR PENSION BENEFITS

Dear Volunteer Firefighter:

Thank you for your service as a volunteer firefighter! The following information includes instructions for completing your Application for Pension Benefits as well as information regarding the terms and conditions of receiving your benefit. Please carefully read the following information, complete the application and return it to the Montana Public Employee Retirement Administration (MPERA) at the address shown above.

Important Information About Your VFCA Benefits

If you meet the service or age requirements, you do not need to be an active member of a fire company when you apply for pension benefits. However, you may not continue to be an active member of any fire company once you start receiving a pension benefit.

You are eligible to receive a full pension benefit after completing at least 20 years of credited VFCA service and reaching age 55. You will receive the full pension benefit for your lifetime. Your base pension monthly benefit will be \$150 per month.

- For each year of credited service beyond 20 years, and up to 30 years, your benefit will increase by \$7.50 per month.
- For each year of service beyond 30 years, your benefit may increase an additional \$7.50 per month. Eligibility for this additional benefit will be determined annually, based on the pension trust fund being actuarially sound and amortizing within 20 years or less. (This additional benefit applies only if you retire on or after July 1, 2011.)

You can retire with a partial pension benefit after completing at least ten years, but less than 20 years, of credited VFCA service and reaching age 60.
(§§ 19-17-401, 19-17-404, MCA)

Benefit Payment Information

Pension benefits are sent on the last working day of the month and are subject to state and federal taxes.

If you choose to retire and receive a monthly pension benefit, you must sign and return your completed retirement application to MPERA at least **30 days** prior to your anticipated retirement date. Please include a:

- Copy of your certified birth certificate
- A voided check (if you elect direct deposit)

Step 1: Complete Your Survivor Information

A survivorship benefit may be paid to your spouse or a dependent child. A dependent child is under 18 years of age, and is unmarried. Monthly benefits paid to a survivor will equal the member's full or partial pension benefit or disability benefit.

Survivorship benefits are limited to 40 months, including any benefit paid to the member before death. If a member receives benefits for 40 months, no survivorship benefit is available. At the request of the survivor, a lump sum payment for the survivorship benefit may be made instead of the monthly benefit payments.

Step 2: Direct Deposit Election

We are pleased to offer you the safety and convenience of direct deposit of your monthly benefit payment. You must complete this section of your Application for Pension Benefits to authorize MPERA to send your monthly payment to the identified financial institution for deposit in your account. The financial institution may be any bank, savings bank, savings and loan association or similar institution, or federal or state chartered credit union located in the U.S.

Forms received by the 15th of any month will be processed that month. Your payment will be electronically deposited into your bank account on the last business day of each month. MPERA will not send a separate notification that your payment has been deposited, unless the net amount of the payment changes.

SPECIAL NOTICE TO JOINT ACCOUNT HOLDERS

Joint account holders should immediately advise both MPERA and the financial institution of the death of the payee. Payments deposited after the date of death must be returned to MPERA. A determination regarding any death benefit payable will be made by MPERA.

CANCELLATION

The direct deposit of your payment will continue until you notify MPERA, in writing, that you wish to change your account, or upon notification of your death. If you wish to change financial institutions, contact MPERA for a new Direct Deposit Agreement. **If changing accounts, do not close your existing account until a payment has been deposited into your new account.**

The financial institution may also cancel this agreement upon notification to you, the payee. Please notify MPERA if this occurs.

COMPLETING YOUR DIRECT DEPOSIT ELECTION -- PAYEE CERTIFICATION

By completing the information on the Application for Pension Benefits, I am requesting that MPERA directly deposit my payment from the identified retirement system to the identified financial institution. I certify that I am entitled to payment from the retirement system identified above; I have identified all joint account holders; and I authorize MPERA to make necessary adjustments to my account to collect deposits made in error.

If your payment is to be deposited into your checking account, attach a **voided check**. If it is to be deposited into your savings account, provide the routing number. Please note: MPERA cannot make direct deposits to banks outside the U.S.

Step 3: Choose Your Tax Withholding

MPERA will not withhold federal and state income taxes from your pension benefit unless you elect withholding. Please select only one option for your federal and state income taxes.

Step 4: Required Documents and Signatures

This step must be completed or your application will be returned. Please include all of the required documents. All signatures must be witnessed by a non-beneficiary third party.



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VOLUNTEER FIREFIGHTER COMPENSATION ACT APPLICATION FOR PENSION BENEFITS

MEMBER INFORMATION		
Name - Last	First, MI	Social Security Number* - -
Date of Birth / /	Fire Company You Are Retiring From	
Mailing Address		
City	State	Zip Code
Daytime Phone Number ()	Email Address	

Last Credited Year of Service _____ Date of Retirement _____

Assuming all eligibility requirements have been met, your effective date of retirement will be the first day of the month following your termination. You may specify a later date. However, your retirement date cannot be earlier than the date you meet retirement eligibility.

SPOUSE INFORMATION		
Last Name	First Name, MI	Social Security Number* - -
Date of Birth / /	Daytime Phone Number ()	Email Address
Mailing Address		
City	State	Zip Code

DEPENDENT CHILDREN (required only if there is no spouse)		
Name - Last	First Name, MI	Social Security Number* - -
Date of Birth / /	Gender <input type="checkbox"/> M <input type="checkbox"/> F	
Name - Last	First Name, MI	Social Security Number* - -
Date of Birth / /	Gender <input type="checkbox"/> M <input type="checkbox"/> F	
Name - Last	First Name, MI	Social Security Number* - -
Date of Birth / /	Gender <input type="checkbox"/> M <input type="checkbox"/> F	

* For identification and tax purposes. §19-2-403(7) MCA, 26 USC § 6041A and 6109

Direct Deposit Election

RETIREE INFORMATION

I request that MPERA deposit my payment into my account at the financial institution identified below. I certify that I am the account holder of this account and I have identified all joint account holders. I authorize MPERA to make necessary adjustments to my account to collect deposits made in error.

Last Name	First, MI	Social Security Number*	
Date of Birth / /	Retirement Number (leave blank if unknown)	Retirement System	
Mailing Address		City	State Zip Code
Daytime Phone Number ()	Signature		

FINANCIAL INSTITUTION INFORMATION

◆ MPERA cannot make deposits to banks outside the U.S. ◆

Name of Financial Institution		Phone Number	
Mailing Address		City	State Zip Code
Account Type <input type="checkbox"/> Checking <input type="checkbox"/> Savings	Account Number		Routing Number

JOINT ACCOUNT HOLDER INFORMATION (if applicable)

I certify by signing this Application for Pension Benefits that I understand my responsibilities as a joint account holder to immediately advise both MPERA and the financial institution of the death of the payee and that payments deposited after the date of death must be returned to MPERA. I also understand providing false information or improperly receiving payment may be a criminal offense under Montana and federal law.

Last Name	First Name, MI	Social Security Number*	
Date of Birth / /	Gender <input type="checkbox"/> M <input type="checkbox"/> F	Daytime Phone Number ()	
Mailing Address		City	State Zip Code
Signature			

Attach a voided check here if checking account (do not staple).

Please do not attach a deposit ticket.

* For identification and tax purposes. §19-2-403(7) MCA, 26 USC § 6041A and 6109

Tax Withholding

Federal Income Tax information. Please choose only one.

- Do not withhold federal income tax.
- Withhold federal income tax in the amount of \$_____ per month.
- Withhold federal income tax based on the tax tables for:
 - A married individual with _____ tax withholding exemptions.
 - A single individual with _____ tax withholding exemptions.
 In addition to the amount withheld, withhold \$_____ per/month.

State Income Tax information. Please choose only one.

- Do not withhold State of Montana income tax.
- Withhold State of Montana income tax in the amount of \$_____ per/month.
- Withhold State of Montana income tax based on (#) _____ of exemptions.
 - In addition to the amount withheld, withhold \$_____ per/month.

Required Documents and Signatures

I have enclosed a copy of my certified birth certificate

I authorize one of the following:

- I elect direct deposit.
- I elect to receive paper checks by mail.

REQUIRED SIGNATURES

I certify that the information submitted herein is true and correct to the best of my knowledge. I understand to cancel this application I must notify MPERA in writing before I cash or receive my first monthly pension benefit.

I also certify that I have read and understand all of the information provided with this application.

Your Signature	Date / /
I certify that this individual has terminated service with the named fire company or will terminate service as of the designated date.	
Name of Fire Chief	
Fire Chief Signature	Date / /