

VOLUNTARY RETIREE HEALTH CONTRIBUTION DISPUTE RESOLUTION COMMITTEE APPLICATION

Application and Agreement to voluntarily contribute 2% of base salary towards Retiree Health Benefits

Member's Name:	
Address:	
Last four digits of Social Security Number:	Phone:
Email address:	
option during a 45-day period to voluntarily contrib pay period to the Plan to provide additional employ retiree health benefits. Such a contribution would benefit in effect as of July 1, 2011, and thereafter	eles Fire and Police Pension Plan (Plan), you were given the oute an additional two percent (2%) of your base salary per yee funding to defray a portion of the City's cost of providing entitle you to receive upon retirement the retiree health the maximum amount of each annual increase authorized by histrative Code effective July 1, 2011. The entitlement to vested right.
may submit this application to the Dispute Resolut 2% voluntary contribution and vest the retiree hea an additional 2% of your base salary each pay per	ir application was not accepted) during the opt-in period, you tion Committee (DRC) to consider your request to make the lth benefit. If approved by the DRC, you agree to contribute riod to the Plan for 25 years or until you retire or exit DROP. utions retroactive to the date determined by the DRC, such
election to voluntarily contribute an additional 2%	application is FINAL and there is no appeal. In addition, your of your base salary to the Plan under this agreement is alid or unlawful by a court or administrative enforcement
(Additional information or documents necessary to	I why your application to the DRC should be approved. It is support your application must also be attached. If deemed be requested to appear before the committee; however, there
Signature	Date
	tion to Los Angeles Fire and Police Pensions, 701 East 013. Mailed or faxed applications must be notarized.
You will be notified of the DRC's decision regardin preference: Email US	ng your application. Please note your notification Mail