

2015 FIRE PERSONNEL ROSTER

NAME OF MUNICIPALITY _____ COUNTY _____

Type of Plan

Defined Benefit

Defined Contribution

Name of Plan _____

Date Plan Established _____

If your municipality has multiple plans, you must prepare a separate roster for each eligible plan.

You may use computer-generated forms instead of this form. You must indicate all information requested. If you need additional forms you may copy this one.

**** For former employees eligible for certification, please indicate status and date of release: T=TERMINATION, D=DEATH, R=RETIREMENT**

	EMPLOYEE NAME	2015 EMPLOYEE W-2 FULL-TIME WAGES ONLY	DATE OF BIRTH	DATE OF HIRE	**	DATE OF RELEASE	REPORT EMPLOYEE CONTRIBUTIONS ONLY	
							2015	ACCUMULATED
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22.								
TOTALS								
MUST AGREE WITH COVER PAGE		\$					\$	\$

RETURN FORM WITH AG-385 CERTIFICATION

(SIGNATURE OF CHIEF ADMINISTRATIVE OFFICER)