

**DEPARTMENT OF THE AUDITOR GENERAL FORM AG-385  
MUNICIPAL PENSIONS AND FIRE RELIEF PROGRAMS UNIT**

**CERTIFICATION FOR FOREIGN FIRE INSURANCE TAX DISTRIBUTION & GENERAL MUNICIPAL PENSION SYSTEM STATE AID**

**THIS CERTIFICATION MUST BE RETURNED ON OR BEFORE MARCH 31, 2015**

**IMPORTANT: PLEASE READ INSTRUCTIONS BEFORE COMPLETING THIS CERTIFICATION!!!**

**SECTION A. CERTIFICATION OF FIRE PROTECTION**

THE RESPONSES PROVIDED IN THIS SECTION MUST BE VALIDATED BY SUPPORTING DOCUMENTATION WHICH MUST BE MAINTAINED BY THE MUNICIPALITY AND WILL BE SUBJECT TO AUDIT BY THE DEPARTMENT.

1.  Our municipality is serviced **SOLELY** by **VOLUNTEER FIREFIGHTERS**.
2.  Our municipality is serviced **SOLELY** by **PAID FULL-TIME FIREFIGHTERS**.
3.  Our municipality is serviced by both **PAID FULL-TIME FIREFIGHTERS** and **VOLUNTEER FIREFIGHTERS**. (You must indicate the proportion of the actual fire protection provided by each on a percentage basis.) **Must equal 100%.**

**PAID PROTECTION**  % **VOLUNTEER PROTECTION**  % **TOTAL**

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

(Totals must agree with personnel roster.) If none, write "NONE."

<b>POLICE</b>	<b>FIREFIGHTER</b>	<b>NONUNIFORMED</b>
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- |  |  |   |
|--|--|---|
| <p>1a. Number of working, active, <b>full-time police officers</b> who are members of a police pension plan.<br/><b>IF NONE, WRITE "NONE."</b></p> <input style="width: 100%; height: 20px;" type="text"/> | <p>2a. Number of working, active, <b>full-time firefighters</b> who are members of a paid firefighters pension plan.<br/><b>IF NONE, WRITE "NONE."</b></p> <input style="width: 100%; height: 20px;" type="text"/> | <p>3a. Number of working, active, <b>full-time nonuniformed employees</b> who are members of a nonuniformed pension plan.<br/><b>IF NONE, WRITE "NONE."</b></p> <input style="width: 100%; height: 20px;" type="text"/> |
|--|--|---|

- |   |  |   |
|---|--|---|
| <p>1b. Was this <b>police pension plan</b> established on or before <b>12/31/84</b>? If no, please indicate <b>date police pension plan was established</b>:</p> <p><b>Yes</b> ___ <b>No</b> ___ <b>Date:</b> _____</p> | <p>2b. Was this <b>paid firefighters pension plan</b> established on or before <b>12/31/84</b>? If no, please indicate <b>date firefighters pension plan was established</b>:</p> <p><b>Yes</b> ___ <b>No</b> ___ <b>Date:</b> _____</p> | <p>3b. Was this <b>nonuniformed pension plan(s)</b> established on or before <b>12/31/84</b>? If no, please indicate <b>date nonuniformed pension plan(s) was established</b>:</p> <p><b>Yes</b> ___ <b>No</b> ___ <b>Date:</b> _____</p> |
|---|--|---|

- |   |  |  |
|---|--|--|
| <p>1c. Total <b>full-time payroll</b> for calendar year <b>2014</b> for police officers reported in 1a.</p> <p>\$ <input style="width: 100%; height: 20px;" type="text"/></p> | <p>2c. Total <b>full-time payroll</b> for calendar year <b>2014</b> for firefighters reported in 2a.</p> <p>\$ <input style="width: 100%; height: 20px;" type="text"/></p> | <p>3c. Number of working, active, <b>full-time police officers or firefighters</b> who are members of this pension plan and <b>NOT</b> reported in <b>1a., 2a., or 3a.</b></p> <p align="center"><b>Police</b> _____ <b>Firefighters</b> _____</p> |
|---|--|--|

*False Statements made herein are punishable under 18 P.S. § 4904 (relating to unsworn falsification to authorities).*

**SECTION C. CERTIFICATION OF MUNICIPAL OFFICERS**

AFFIX MUNICIPAL SEAL

\_\_\_\_\_  
(Signature of Secretary/City Clerk)

( )  
\_\_\_\_\_  
Telephone Number

- 3d. Total number of working, active, **full-time non-uniformed employees, police officers or firefighters** for calendar year **2014**, who are members of this pension plan. **3a. + 3c. = 3d.**
- Total** \_\_\_\_\_

- 3e. Total **full-time payroll** for calendar year **2014** for members of all **nonuniformed pension plans reported in 3a. and 3c.**
- \$

In witness whereof, the (city, borough, township) of \_\_\_\_\_  
in the county of \_\_\_\_\_ has caused this certification to be made and executed by its **Chief Administrative Officer**, and has affixed its Official Seal, this \_\_\_\_\_ day of \_\_\_\_\_ 2015.

\_\_\_\_\_  
(Signature of Chief Administrative Officer)

( )  
\_\_\_\_\_  
Telephone Number

**NOTE: AG-385 FORM WILL BE RETURNED IF MUNICIPAL SEAL AND SIGNATURES ARE NOT PRESENT!!**

RETURN ORIGINAL COMPLETED FORMS TO:

Secretary Name \_\_\_\_\_  
Municipality Name \_\_\_\_\_  
Address \_\_\_\_\_  
City, State, Zip \_\_\_\_\_  
DCA Number \_\_\_\_\_

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

Direct all questions to Municipal Pensions & Fire Relief Program Unit at 1-800-882-5073 or email at [Comptroller@auditorgen.state.pa.us](mailto:Comptroller@auditorgen.state.pa.us)