

## 2014 NONUNIFORMED 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

\*\*\* PLEASE INDICATE "P" FOR EACH POLICE OFFICER OR "F" FOR EACH FIREFIGHTER THAT ARE MEMBERS OF THIS NONUNIFORMED PENSION PLAN

	*** P/F	EMPLOYEE NAME	2014 EMPLOYEE W-2 FULL-TIME WAGES ONLY	DATE OF BIRTH	DATE OF HIRE	**	DATE OF RELEASE	REPORT EMPLOYEE CONTRIBUTIONS ONLY	
								2014	ACCUMULATED
1.									
2.									
3.									
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21.									
22.									
<b>TOTALS</b>									
MUST AGREE WITH COVER PAGE			\$					\$	\$

RETURN FORM WITH AG-385 CERTIFICATION

\_\_\_\_\_  
(SIGNATURE OF CHIEF ADMINISTRATIVE OFFICER)