

Pension Review Board

P.O. Box 13498, Austin, TX 78711 | Phone: (800) 213-9425 or (512) 463-1736 | Fax: (512) 463-1882 | Email: prb@prb.state.tx.us

BENEFITS AND MEMBERSHIP REPORT

PRB-200

RETIREMENT SYSTEM PROFILE

<u>El Paso City Employees' Pension Fund</u> System Name	<u>(915) 212-0112</u> Phone Number
<u>David Garcia</u> Report Contact Name (Please Print)	<u>garciadx1@elpasotexas.gov</u> E-mail Address

BACKGROUND INFORMATION

October 29, 2013

Last Plan Amendment Date

Tier 1: 7 yrs pension service and age 45 or 10 yrs and age 40

Vesting Period

Tier1: 7 yrs pension service and age 60 or 10 yrs and age 55 or 30 yrs.

Normal Eligibility Requirements (Age + Service)

Tier 1: 7 yrs pension service and age 45 or 10 yrs and age 40

Early Retirement Eligibility Requirements (Age + Service)

N/A

DROP Eligibility Requirements (Age + Service)

\$75; \$250 for job related
Minimum Benefit

Tier I: IRS Limit; Tier II: 90% of 3-yr FAE.
Maximum Benefit

MEMBERSHIP REPORT

Active Members	<u>4,217</u>
Retirees and Beneficiaries	<u>3,011</u>
Terminated Vested	<u>83</u>
Total Members	<u>7,311</u>

FORMULAS AND BENEFITS

Normal Retirement Benefit Formula

Tier I: 2.5% X pension service credit X FAE.
Tier II: 2.25% X pension service credit X FAE (not to exceed 90% of FAE).

Service-Related Disability Benefit Formula

Tier I: 2.5% X pension service credit X FAE.
Tier II: 2.25% X pension service credit X FAE (not to exceed 90% of FAE). Minimum of \$250.

Service-Related Survivor Benefit Formula

Job related disability - 2/3 of the retiree amount if widow only.

Nonservice-Related Disability Benefit Formula

Tier I: 2.5% X pension service credit X FAE.
Tier II: 2.25% X pension service credit X FAE (not to exceed 90% of FAE). Minimum of \$75.


Nonservice-Related Survivor Benefit Formula

Non job related disability - 2/3 of the retiree amount if widow only.

CERTIFICATION

I hereby certify that the information provided above is complete and accurate and that I am duly authorized by the pension system to complete this form.

Note: For e-mail submissions, by typing your name on the signature line below you are signing this document.


Authorizing Signature

Robert Ash
Printed Name

03/22/018

Date