*WRS-32 Agreement*-VF
*(Revised 07/11/08)*

Copy

# AGREEMENT

## NOTIFICATION OF AGENCY, BOARD OR COMMISSION

## ACTION TO PARTICIPATE IN THE VOLUNTEER FIREMEN'S PENSION FUND

➤Prepare in Duplicate
- 1 - Retirement System
- 2 - Agency File

This notification is to advise that the _____
*(Name of Governing Body – Agency, Board or Commission)*

of _____, and the county of _____, voted at its meeting on
*(City or Town)*

_____, 20____, to participate in the Volunteer Firemen's Pension Fund.
*(Month)* *(Year)*

**ALL VOLUNTEER FIREMEN ARE ELIGIBLE TO PARTICIPATE IN THE VOLUNTEER FIREMEN'S PENSION FUND, UNLESS THEY ARE ACTIVELY PARTICIPATING IN THE PAID FIREMEN'S PENSION PLAN**

*(Please mark the appropriate box below indicating how the contributions will be paid)*

☐ Agency Paid ☐ Member Paid
☐ Split How will it be split: Agency $_____ Member **$**_____.
*(These splits must equal $12.50, per month.)*

**IT IS HEREBY AGREED THAT:**

(1) When coverage is as stated above, the establishment of departments or divisions subsequent to the effective date of this Notification shall in no way affect the Volunteer Firemen already covered by this Notification.

(2) All provisions of the Volunteer Firemen Pension Fund Act and the regulations of the Volunteer Firemen Board of Directors shall prevail.

(3) The effective date of coverage shall be _____, 20_____.
*(Month)* *(Year)*

Attest: _____
*(Agency Secretary)*

_____
*(Fire Chief)*

Agency contact *(please print name)*:_____

Mailing Address: _____

E-mail address: _____

Agency phone number: _____

Agency fax number: _____

Mail completed form to: Wyoming Retirement System
6101 Yellowstone Road, Suite 500
Cheyenne, WY 82002

*WRS Office Use Only*

*Agy # assigned*_____
*Date entered*_____
*WRS initials*_____