

**EDWARDSVILLE FIREFIGHTER’S PENSION FUND**

**RULES AND REGULATIONS**

**As Approved on September 19, 2002**

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**AUTHORITY FOR RULES AND REGULATIONS FOR THE EDWARDSVILLE  
FIREMEN'S PENSION FUND**

To the Pensioners and Members of the Edwardsville Firemen's Pension Fund of the City of Edwardsville, Illinois.

In accordance with the authority vested in the undersigned, by Chapter 40 Act 5, Section 1-3 Illinois Compiled Statutes, the following Rules and Regulations are hereby promulgated for the information and guidance of all Beneficiaries and Members of the Edwardsville Firemen's Pension Fund.

All previous Rules and Regulations in conflict are hereby abrogated and repaired.

The Board of Trustees of the  
Edwardsville Firemen's Pension Fund

## **DEFINITIONS AND TERMINOLOGY**

The following words and phrases, when used in this manual, shall have the meaning ascribed to them in this chapter, except when the context otherwise requires.

### **Application**

The forms or set of forms, which are required and approved by the Board for purposes herein, described.

### **The Board**

The Board of Trustees of the Edwardsville Firemen's Pension Fund.

### **Beneficiary**

A disabled or retired member of the Fund, and his widow, children, and certain other dependents, as described in Sections 1.3 of the Pension Code, who may be entitled to receive benefits from the Fund.

### **Child or Children**

A firefighter's natural children and his legally adopted children.

### **Creditable Service**

Creditable service is the time served as a firefighter of the City of Edwardsville Fire Department. All questions regarding creditable service will be referred to Section 5/4-108 of Illinois Pension Code.

### **Treasurer**

The current City Treasurer for the Edwardsville Firemen's Pension Fund.

## **FUNCTIONAL RESPONSIBILITY / ADMINISTRATION**

### **Statute**

The Illinois down state Firefighter Pension Code 40 ILCS, Act 5, Section 4 is hereby adopted and incorporated by reference herein as part of the Rules and Regulations of the Edwardsville Firemen's Pension Fund. See copy of appropriate statutes attached.

### **Distribution of Rules and Regulations to New Firefighters**

The President or Secretary of the Board shall provide a copy of said Rules to all firefighters not more than one (1) week after said firefighter has received his or her appointment to the Edwardsville Fire Department. The Board shall receive written verification that said firefighter has received said Rules and Regulations.

### **Individuals Covered**

Persons appointed, and certified to perform fire service may join the Fund if they are found by the Board to be physically and mentally fit to perform normal firefighter duties and if in addition the applicant: (a) files a written application with the Board within three (3) months of the applicant's first appointment; (b) provides the Board with documentation certifying (1) copy of birth certificate of applicant, (2) copy of marriage license, if married, (3) copies of birth certificates of any dependent children; and (4) social security number; and (c) pays such contributions as required under Statute. Such person is herein referred to as a member or firefighter.

### **Employee Contributions**

Employee contributions shall be made according to requirements of Illinois State Statutes (5/4 – 118.1).

### **Additional Requirements**

The Board may require any additional documentation it deems advisable to verify the eligibility of a firefighter, pensioner, widow, children or dependent parent to any benefits

hereunder, including but not limited to certified copies of birth certificate, death certificates, marriage certificates and Affidavits confirming the individual's age and/or marital status. After receiving said documentation, the applicant shall be voted on by the Board and acceptance or rejection documented.

### **Change in Family**

In the event of any change in family status (i.e., divorce, marriage, children, adoption, etc.) a member shall notify the Board in writing within thirty (30) days and provide appropriate documentation.

### **Inquiries and Requests**

All inquiries, complaints, or requests directed to the Board of Trustees for consideration shall be submitted in written form to the Board of Trustees President. The beneficiary of the Fund shall use the attached [forms](#) to request membership, or any other benefit a member is entitled to under the Pension Code.

### **Requests for Disability**

The procedures for disability are established by the Pension Board and may be amended at any time. The procedures to be followed will be provided at the time of application. The Board will have the applicant examined by at least three (3) physicians selected by the Board as provided by statute. The Board of Trustees shall schedule a hearing at a regular or special meeting on the issue of the disability of the applicant, at such hearing the applicant may be represented by legal counsel. The Board of Trustees shall consider the physician's reports and such testimony and other evidence that it deems pertinent. A copy of the Board's decision shall be delivered to the firefighter within thirty (30) days of the hearing, or at such time as the Board deems reasonable.

### **Recertification of Those on Disability**

Firefighters who are on disability who have not attained age fifty (50) shall have their annual recertification of disability completed in the month of January, following the initial granting of a disability pension and every January thereafter. Such physical shall

be at the direction of the Board as to which physician shall examine the firefighter. The Edwardsville Firemen's Pension Fund shall pay all expenses for such examination. In the event the firefighter is found fit to return to duty, the Board shall hold a meeting providing the firefighter with ten (10) days notice to return to duty. The firefighter shall then report to the Chief of the fire department, who will then order reinstatement into active service.

### **Records**

Any and all records maintained by the Board of Trustees are for the exclusive benefit of the Board of Trustees. Such records are confidential and shall not be released without approval by the appropriate individual participant or by Rule of Law.

### **Meetings**

A majority of the Board shall constitute a quorum and shall enable the Board to conduct its business. The majority of the members present may take any action. The suggested order of business is outlined in the attached "Suggested Order of Business". Robert's Rules of Order shall govern all meetings of the Board of Trustees.

### **Duties of President**

The President shall be the chief executive officer of the Board. He shall see that the resolutions and directions of the Board are carried into effect except in those instances in which the Board specifically assigns that responsibility to some other person. The President may recommend hiring such professionals, as he deems qualified, with advice and consent of the majority of the Board of Trustees.

Unless otherwise delegated by the Board, he shall execute all orders, certificates, and other documents on behalf of the Board.

### **Duties of Vice President**

The Vice President shall carry out the duties of the President in his absence or incapacitation to discharge the functions of such office.

### **Duties of Secretary**

The Secretary shall:

- (a) Record the minutes of the Board meetings in one or more books provided for that purpose;
- (b) See that all notices are duly given in accordance with the law;
- (c) Be custodian of the Board's records, including Board meetings and membership records. Said membership records shall be verified and updated at least annually;
- (d) Sign with the President, or Vice-President, or any other firefighter authorized by the Board any instruments, which the Board has authorized to be executed, according to the requirements of the form of the instrument, except when the Board expressly prescribes a different mode of execution;
- (e) Have authority to certify resolutions of the Board and other documents of the corporation as true and collect copies thereof, and
- (f) Perform all duties incident to the office of Secretary and such other duties as from time to time may be assigned to him/her by the President of the Board.

### **Minutes**

Copies of the approved minutes of all meetings, which are subject to the "Open Meetings Act," shall be made available upon request for the information of all members.



## CONDUCT OF ELECTIONS

### Notice of Elections

At such time as regular elections are necessary, the President shall give notification to active members and beneficiaries of the impending election not less than 60 days prior to the third Monday in April of each election year.

Notice of election to the active members shall be done by posting a notice of such election in a conspicuous place in all Edwardsville Fire Department fire stations. The election shall be conducted in accordance with Section 4-121 of the Firefighters Pension Code.

Notice of election to the beneficiaries shall be given to each beneficiary not less than 60 days prior to the third Monday in April of each election year.

Each of the above-described notifications shall identify the current Trustees' position, which position(s) is to be filled, and the term of office for such position.

### Response to Board (Nominations)

Members and beneficiaries should indicate to the President of the Board his or her interest in serving as a representative by April 1<sup>st</sup>, of the year in which the election is held.

### Eligibility

All active and retired firefighters of the Edwardsville Fire Department shall be entitled to vote for the members of the Board. No person shall be entitled to cast more than one (1) ballot at such election. The Board members shall be elected for a term of three (3) years, terms of which shall be staggered, beginning on the second Tuesday of May after such election. In the elections for Board members to be chosen from the active firefighters, all

active firefighters and no others may vote. In the elections for Board members to be chosen from retired firefighters, the retired firefighters and no others may vote.

### **Voting**

Elections will be held on the third Monday of April. The representatives of the active and retired members shall be elected by secret ballot. All ballots must be cast at Edwardsville Fire Department Station #1. Such ballot is to be placed in the ballot box as designated by the Board. Each of the active members will be given the opportunity to vote. Anyone on vacation or out of town during the election will have the obligation to make individual arrangements to vote. Absentee ballots will be made available upon request. Votes shall be totaled by the Board President or Secretary and witnessed by one of the appointed Trustees within two (2) weeks after the date of the election, and the person or persons receiving the highest number of votes shall be elected to the Board. Such ballots shall be retained for a special meeting scheduled by the Board at which time the Board shall certify the election results and document such results in the special Board meeting.

### **Special Elections**

Upon the death, resignation, or inability to act of any member of the Board of Trustees elected under this Section, his successor shall be elected to complete the un-expired term at a special election to be called by the Board and conducted in the same manner as the regular election described above. Such election shall be held on the third Monday of the month succeeding such death, resignation, or inability to act.

**POWERS AND DUTIES OF THE BOARD TO CONTROL AND EXCLUSIVELY  
MANAGE THE FUND INVESTMENTS**

**Procedures**

The following procedures shall be followed to control and manage the Fund:

The Board shall invest monies in accordance with the provisions of the adopted investment policy. The Treasurer or any other person the Board may designate shall advise the Board of any Funds available to invest at regularly scheduled meetings of the Board, and then poll or meet with the Board to determine where Funds shall be invested. The Board shall then instruct the Treasurer in writing to draw and invest said Funds in accordance with the instructions of the Board. Generally, it is policy of the Board to obtain competitive rates of return for the Fund. In the event the Treasurer is not available to transfer the necessary Funds, the President of the Fund shall transfer the necessary Funds in order to carry out the instructions of the Board. The President of the Board shall notify the Treasurer, as soon as it is reasonably possible, of said transactions ordered by the Board and the procedure followed to complete said transactions.

**Expenses**

The Board will create, authorize and maintain an annual budget for the Fund. This budget shall be reviewed and authorized during the quarterly Board meeting in January of each year, to become effective on May 1<sup>st</sup> of the year the budget is authorized. The budget shall provide for payment of the following:

- (a) Retirement Benefits
- (b) Disability Benefits
- (c) Legal and Professional Fees
- (d) Supplies
- (e) Continuing Education
- (f) Asset Management Fees

After such budget has been adopted, the Treasurer shall be authorized to establish direct deposit for payment of retirement and disability benefits to be paid to the beneficiaries on the last day of each month. Request for payment shall be completed and forwarded to the Treasurer for all other expenses as invoices for services are received.

The Treasurer shall issue and sign the checks and then forward the checks to the President or Secretary for their signature. The President or Secretary shall then ensure that the checks are properly signed and mailed to the appropriate party.

All of the above-described expenses shall be paid from the Edwardsville Firemen's Pension Fund checking account. Checks shall require two (2) signatures; one of the signatures shall be that of the Treasurer of the Edwardsville Firemen's Pension Board. The other signatures shall be that of the President, Vice-President, or Secretary of the Board.

All expenses not authorized in the annual budget or exceeding the annual budget shall require approval by the Board of Trustees. The President or Secretary of the Board shall receive approval from the Board prior to requesting the issuance of said checks from the Treasurer. Approval can be received at a regularly scheduled meeting, by holding a special meeting of the Board, or by a telephone poll of the Board. The member of the Board requesting such disbursement shall attach to the request for a check a memorandum advising the Treasurer that such expense has been authorized by the Board, who the check is payable to, and the reason for said payment.

The Treasurer of the Edwardsville Firemen's Pension Fund shall report quarterly to the Board, at the regularly scheduled meeting, the expenses paid each quarter.

**Abstention**

Any Board member may abstain or recuse himself/herself from voting regarding any payments made to or for the individual benefit of that individual Board member.

## **Monitoring**

It is the responsibility of the Board to monitor the Fund assets and ensure that they are diversified to minimize the risk of large losses, are managed in the sole interest of the participants, and are managed with skill, care, prudence and diligence. The minimum elements, which should be included in the monitoring process, are:

1. Review, at least quarterly, that income from participants' contributions, tax levy revenue and monies earned on investments is properly credited to the Fund.
2. Review, at least quarterly, the Plan's portfolio or each Investment Manager's portfolio for compliance with investment guidelines and state statutes.
3. Review, at least quarterly, each Investment Manager's quarterly report, and generally compare the report in material respects with information provided by the Plan's Custodial Trustee, including the Custodial Trustee's statement of transactions.
4. Review, at least quarterly, the basis on which assets in the Plan and under each Investment Manager's control are valued.
5. Compute, on a quarterly basis, the rate of return for the total Fund, the funds invested by each Investment Manager, and funds by asset class.
6. Compare, at least quarterly, the investment results of the Plan assets invested by each Investment Manager against the appropriate indices or benchmarks.
7. Review, at least quarterly, the Investment Manager's practices regarding brokerage and trading, including:
  - a. Brokerage costs;
  - b. Quality of securities execution;
  - c. Portfolio turnover.
8. Verify, annually, each Investment Manager's fee computation.
9. Review, at least annually, the Plan's cash management and short-term investment procedures and performance as well as the overall performance and continued retention of the Plan's Custodial Trustee(s).
10. Meet with each Investment Manager, at least annually, and review the Investment Manager's performance and any significant change in corporate or

capital structure, investment style, brokerage affiliation or practice, investment process and professional staff.

11. Review, at least annually, procedures for communicating information regarding investments between Investment Managers and the Trustees, the Plan's Staff, and the Plan's service providers (including, but not limited to, the Plan's attorney, actuaries, and custodial trustees).

**Consultant's Responsibilities**

If the services of a consultant are being used, a written report to the Trustees addressing items 2-6 and 8 above should be provided at least quarterly, and at least annually, in regards to items 7 and 9-11 above. Additionally, based upon the information gathered pursuant to the above procedures and any other information deemed relevant, written recommendations shall be provided to the Trustees about:

- (1) The revision of investment guidelines for the Plan or for any Investment Manager;
- (2) A change in the amount of assets to be managed by the Investment Manager;
- (3) The selection of any new Investment Manager;
- (4) The removal of any existing Investment Manager; or
- (5) Any other investment matter pertaining to the assets of the Fund or assets being managed by Investment Managers should be provided by the consultant.

This information will be provided within 30 days of the transcripts or post hearing briefs whenever possible.

## **PENSION BOARD FORMS**

The Edwardsville Firemen's Pension Board may adopt from time to time certain forms to perform the Board's function. The Board may require each member, participant and/or beneficiary to sign in the presence of a Board member or have notarized the following:

(Please see attached forms)

*Application For Membership*

*Authorization To Release Medical Information*

*Receipt of Pension Rules and Regulations*

*Application For Refund Of Contributions*

*Application For Pension Benefits*

*Application For Disability*

*Application For Survivors Benefits*

EDWARDSVILLE FIREFIGHTER'S PENSION FUND  
410 NORTH MAIN STREET EDWARDSVILLE, ILLINOIS 62025

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**APPLICATION FOR MEMBERSHIP**

As a member of the Edwardsville Fire Department in the City of Edwardsville, Madison County, Illinois, I hereby make application for membership in the Edwardsville Firefighter's Pension Fund. I further certify that I will abide by the provisions of the Statute of the State of Illinois relative to membership in the pension fund.

I was appointed to the Edwardsville Fire Department on \_\_\_\_/\_\_\_\_/\_\_\_\_.

My date of birth is \_\_\_\_/\_\_\_\_/\_\_\_\_.

My Social Security Number is \_\_\_\_ - \_\_\_\_ - \_\_\_\_.

Sincerely,

\_\_\_\_\_  
(petitioner's signature)

\_\_\_\_\_  
(date)

\_\_\_\_\_  
(petitioner's printed name)

The foregoing application, having been duly presented to and considered by the Edwardsville Firefighter's Pension Board, is hereby

Approved \_\_\_\_\_

Denied \_\_\_\_\_

at this meeting of the Edwardsville Firefighter's Pension Board held

this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
President

\_\_\_\_\_  
Secretary



EDWARDSVILLE FIREFIGHTER'S PENSION FUND  
410 NORTH MAIN STREET EDWARDSVILLE, ILLINOIS 62025

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**AUTHORIZATION TO RELEASE MEDICAL INFORMATION**

To Whom It May Concern:

In accordance with ILLINOIS REVISED STATUTES, CHAPTER 51 SECTION 73,  
which reads:

“Every physician shall, upon the demand of any patient who has been treated by such physician, permit such patient’s physician or authorized attorney to examine and copy the patient’s records, including but not limited to those relating to the diagnosis, treatment, prognosis, history, charts, pictures and plates kept, in connection with the treatment of such patient. Any such demand for examining and copying of the records shall be in writing and shall be delivered to such physician.”

I hereby authorize the Edwardsville Firefighter’s Pension Fund to furnish any representative of Cary J. Collins of the *Law Offices of Cary J. Collins*, any and all records and information regarding any and all injuries, medical history, and physical condition both prior to and subsequent to the below date, regardless of lapsed time. This authorization includes personal review, copy of such records, information and evidence by any representative of Cary J. Collins of the *Law Offices of Cary J. Collins*.

**Please note; this is not a release of claim for damages!**

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Witness)

\_\_\_\_\_  
(Date)

EDWARDSVILLE FIREFIGHTER'S PENSION FUND  
410 NORTH MAIN STREET EDWARDSVILLE, ILLINOIS 62025

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**CERTIFICATION OF RECEIPT OF RULES AND REGULATIONS**

This Letter is to certify that I \_\_\_\_\_ have received a current copy of the Rules and Regulations of the Edwardsville Firefighter's Pension Fund.

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Witness)

EDWARDSVILLE FIREFIGHTER'S PENSION FUND  
410 NORTH MAIN STREET EDWARDSVILLE, ILLINOIS 62025

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**APPLICATION FOR REFUND OF CONTRIBUTIONS**

I, \_\_\_\_\_ hereby make application for a full refund of my contributions to the Edwardsville Firefighter's Pension Fund because I am no longer a firefighter employed by the Edwardsville Fire Department.

I realize that upon the refund of these contributions, I will not be eligible for any pension benefits. I further agree that I have been informed of my rights pursuant to 40 ILCS 5/4-116 and will be governed by its provisions.

\_\_\_\_\_

(Signature)

\_\_\_\_\_

(Date)

This forgoing application for refund, having been duly presented to and considered by the Edwardsville Firefighter's Pension Board is hereby accepted at this meeting of the Edwardsville Firefighter's Pension Board held on this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_.

The amount of the refund is \$\_\_\_\_\_.

\_\_\_\_\_

(President)

\_\_\_\_\_

(Secretary)



EDWARDSVILLE FIREFIGHTER'S PENSION FUND  
410 NORTH MAIN STREET EDWARDSVILLE, ILLINOIS 62025

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**APPLICATION FOR DISABILITY FROM THE EDWARDSVILLE  
FIREFIGHTER'S PENSION FUND**

To the Board of the Edwardsville Firefighter's Pension Fund,

I, \_\_\_\_\_, am hereby making application for a disability pension benefit from the Edwardsville Firefighter's Pension Fund.

I am making this application because I believe I am unable to perform my duties as a firefighter for the following reason(s):

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I agree to submit myself to any medical examinations requested by the board for the purpose of determining whether I am disabled and whether the disability was a duty related disability.

**Member Information:**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Birth Date: \_\_\_\_\_

Current Age: \_\_\_\_\_

Start Date: \_\_\_\_\_

Months of creditable service. \_\_\_\_\_

**Dependant Information:**

Spouse's Name: \_\_\_\_\_ Child's Name: \_\_\_\_\_

Spouse's Birth Date: \_\_\_\_\_ Child's Birth Date: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Child's Name: \_\_\_\_\_ Child's Name: \_\_\_\_\_

Child's Birth Date: \_\_\_\_\_ Child's Birth Date: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

I, \_\_\_\_\_, after having been first put under oath do hereby state that the facts contained in the above application are true and correct to the best of my knowledge and belief.

\_\_\_\_\_  
(Applicant Signature)

State of Illinois  
County of Madison  
Subscribed and sworn before me this \_\_\_\_  
day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
(Notary Public)

EDWARDSVILLE FIREFIGHTER'S PENSION FUND  
410 NORTH MAIN STREET EDWARDSVILLE, ILLINOIS 62025

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**APPLICATION FOR SURVIVORS BENEFITS**

I, \_\_\_\_\_ do hereby make application for survivors benefits pursuant to 40 ICLS 5/4-110 and 110.1.

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Witness)