#### **Officers**

**President** Jim Ingersoll

Vice President Paul DeBold

Secretary/Treasurer Sharon Leslie-Clarke



**Directors** 

Rick Schulze Matt Palmieri Aaron Larsen Jack Chew

Fort Lauderdale Police & Firefighter Retirees Association, Inc.

Congratulations on the completion of your career with the City of Fort Lauderdale and retirement. All police and firefighters who are retired, vested, on disability, or are in the Drop Plan, or their Survivors are eligible for membership in our organization.

Our organization was founded in 1980 by a group of retired Fort Lauderdale Police Officers and Firefighters as a not-for-profit organization as they learned that their pension's buying power was quickly being eroded, and that Cost of Living Allowances (COLAS) were not being given as expected. Many benefits that were promised and/or expected also were not forthcoming as expected. Due to ordinance changes over the years, many benefits that were promised are now considered as additional "extra" benefit which have further complicated the retirees from receiving these benefits.

The Retirees Association is a Non-profit organization and serves all retirees in the effort of obtaining all benefits which you have worked for and expect to receive. The Fraternal Order of Police and the International Association of Fire Fighters can no longer represent you after you retire; therefore, you should consider membership in our organization which is the only organization representing the retired Police Officers and Fire Fighters of the City of Fort Lauderdale.

Although COLAS are an issue, our organization has successfully been able to have the city change the ordinance which previously ended pension payments to our surviving spouses if they should choose to remarry; have obtained benefits such as academic incentive pay that was not paid to retirees when it was due; and fought the City in court to pay the pension multiplier by an additional 3/8% that resulted in a recalculation of pension benefits to many retirees, thus increasing their monthly benefit going forward; and provided a back payment of many thousands of dollars of previously owed money.

Our annual dues are \$36.00 which can be paid by payroll deduction from your retirement check in the amount of \$3.00 monthly. An ADDRESS CONSENT & DUES DEDUCTION FORM is attached. When you become a member, you will be put on our mailing list and given access to our website, FLPFRA.org, where you will find our Members Directory which will assist you in making contact with old friends.

Jim Ingersoll, FLFD-Ret President Paul DeBold, FLPD-Ret Vice President

12343 NW 19 Street, Plantation FL 33324 954.474.7264 E-mail: secretary@flpfra.org

Officers President Jim Ingersoll

Vice President Paul DeBold

Secretary/Treasurer Sharon Leslie-Clarke



Directors **Rick Schulze** Matt Palmieri Aaron Larsen Jack Chew

Fort Lauderdale Police & Firefighter Retirees Association, Inc.

### ADDRESS CONSENT & INFORMATION FORM (PLEASE PRINT)

NAME:		
SPOUSE'S NAME:		
ADDRESS:		
CITY:	STATE ZIP CODE	
CHECK ONE: POLICE Ret.	PD SURVIVOR	
FIREFIGHTER Ret.	FD SURVIVOR	
TELEPHONE#:	CELL#:	
E-MAIL ADDRESS:		

# AUTHORIZATION TO PUBLISH CONTACT INFORMATION

With your authorization, your contact information is posted in the association directory for use by other retirees, survivors and for use only by the association.

If you elect that your information is not to be published, only your name will be placed in the association directory. Your contact information will **not** be given to anyone.

# **SIGN ONLY ONCE: EITHER TO PUBLISH OR NOT PUBLISH**

#1) PLEASE **PUBLISH** MY CONTACT INFORMATION IN THE DIRECTORY, FOR USE BY OTHER RETIREES AND SURVIVORS, AND FOR USE ONLY BY THE ASSOCIATION.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

#2) PLEASE	DO NOT	<b>PUBLISH</b> мү	CONTACT INFORMATION.
------------	--------	-------------------	----------------------

MY INFORMATION WILL NOT BE GIVEN TO ANYONE. ONLY MY NAME WILL BE PLACED IN THE ASSOCIATION DIRECTORY.

SIGNATURE

DATE



Fort Lauderdale Police & Firefighter Retirees Association, Inc.

# **DUES / PAYROLL DEDUCTION FORM**

DATE: \_\_\_\_\_

NAME:\_\_\_\_\_

SOCIAL SECURITY NUMBER (Last 4 numbers only)

I hereby authorize the City of Fort Lauderdale to deduct from my monthly Pension Check the sum of \$3.00, or if in the DROP or Actively Employed, the sum of \$3.00 monthly from my Payroll Check.

I hereby authorize the City to remit same to the Treasurer at the (Fort Lauderdale Police & Firefighter Retirees Association, Inc.) located at 12343 NW 19 Street, Plantation FL 33324

# PLEASE SELECT ONE OPTION BELOW:

### **D** PENSION CHECK

or

### **PAYROLL CHECK**

> 12343 NW 19 Street, Plantation FL 33324 954.474.7264 E-mail: secretary@flpfra.org