

Congratulations on your employment with the City of Philadelphia!

The Supplemental Police Arbitration Award and Bill No. 100286 created two new pension plans for police employees hired or, in some cases, rehired on or after January 1, 2010. The two new plans are Plan B with a 6% contribution rate (B6) and Plan 10.

Upon your employment with the City of Philadelphia and based on your advising Police Personnel that you wished to remain in Plan B, your pension membership was assigned to Plan B6. However, in order to remain in Plan B6, you must make an irrevocable election not to participate in Plan 10. Enclosed find the Summary Plan Descriptions for Plan B and Plan 10, as well as the Irrevocable Pension Plan Election form.

If you elect to remain in Plan B6 and not to participate in Plan 10, your completed form must be received within 30 days of the date of this letter. If your Plan 10 Election form is not received within 30 days of the date of this letter, your pension membership will be irrevocably transferred to Plan 10. If you should have any questions concerning this matter, feel free to contact Sergeant Doherty in Police Personnel at (215) 686-3370.



**MICHAEL G. LUTZ LODGE #5 PHILADELPHIA  
FRATERNAL ORDER OF POLICE**

1336 Spring Garden Street, Philadelphia PA 19123-3213  
215-629-3600 website: www.fop5.org 215-629-5736 (fax)

**John J. McNesby, President**

**Robert B. Ballentine, Jr., Recording Secretary**

December 28, 2010

Dear Member:

The FOP has received a copy of the letter addressed to you regarding your recent hiring and the option to select a Pension Plan.

Although the letter starts out with the word "Congratulations", this letter is nothing of the sort. Rather, it is a trick by the city to enlist you in a new pension plan, Pension Plan 10. Plan 10 will only harm you and your families and will not result in a livable pension upon your retirement.

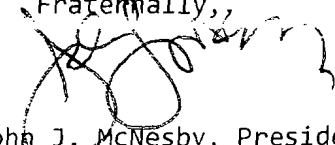
In order to combat the city tricking you into entering Pension Plan 10, please immediately do the following:

On the Irrevocable Pension Plan Election form, check the box "I hereby elect NOT TO PARTICIPATE in the pension plan designated Plan 10".

Additionally, as this is a very important issue that will impact you and your family for the rest of your lives and in order to make it easier for you, I have taken the step of enclosing this form along with this letter with the box not to participate in Plan 10 ALREADY CHECKED OFF. Simply fill out your personal information on the form provided, sign the form and return it to Police Personnel in the attached envelope.

It is imperative that you fill out this form immediately. If you have any questions whatsoever, please contact the Lodge at 215 629 3600.

Fraternally,,

  
John J. McNesby, President  
Philadelphia Lodge # 5  
Fraternal Order of Police

**EXECUTIVE BOARD MEMBERS**

Vice Presidents: Roosevelt L. Poplar, James P. Wheeler, John R. McGrody, Steven J. Weller  
Recording Secretary: Robert B. Ballentine, Jr. Financial Secretary: Michael P. Trask Treasurer: John Ruane  
Trustees: Louis J. Campione, Terryl D. Reid, Kenyatta H. Lee, William Sierra, Austin A. Fraser Conductor: Alan G. Kuchler  
Guards: John McLaughlin, Lester F. Johnson Chaplain: Joseph Cella, Jr. Lobbyist: Eugene R. Blagmond

**BOARD OF PENSIONS**

**AND RETIREMENT**

PHILADELPHIA PUBLIC EMPLOYEE  
RETIREMENT SYSTEM

**IRREVOCABLE PENSION PLAN ELECTION**

**Kindly check the appropriate block and complete the bottom section.**



I hereby elect **NOT TO PARTICIPATE** in the pension plan designated Plan 10. By making this election, I understand that I will be a member of the applicable pension plan: B (6% Contribution rate), L (7.68% Contribution rate) effective as of the date of my appointment.

*All employees who are police; and who are hired, rehired or first assume elected office on or after January 1, 2010, are members of Plan 10 immediately upon employment by the City or upon taking office, unless, within thirty (30) days of employment or taking office, the employee makes an irrevocable election to become a member of Plan B or L, as applicable.*

Name: \_\_\_\_\_  
Please Print

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Payroll Number: \_\_\_\_\_ Daytime telephone #: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_