## Sample Act 205 for Illustration Purposes Only

PC-2013   Communication of Pension Plan and Specification of Valuation Date    Part				_		_		
PLNTYP   ACT 205 ACTUARIAL VALUATION REPORT: NONUNIFORMED PENSION PLAN WITHOUT DEFINED BENEFITS   PLING DEADLINE: March 31, 2004   PRIVIDE   A   REVIEW   CODE   NPPUT   EDP   LOG	Commonwealth of Pennsylvania	CO MUN CL						
ACT 205 ACTUARIAL VALUATION REPORT: NONUNIFORMED PENSION PLAN WITHOUT DEFINED BENEFITS FILING DEADLINE: March 31, 2004  Section 1 - Identification of Municipality  INSTRUCTIONS: Print or type requested information in the space provided.  A. Type of Municipality  [City (2)	P.O. Box 1429		MUNCD				PLNTYP	
ACT 205 ACTUARIAL VALUATION REPORT: NONUNIFORMED PENSION PLAN WITHOUT DEFINED BENEFITS A REVIEW CODE INPUT EDD 1.0G  FRINTYP A REVIEW CODE INPUT EDD 1.0G  FRITTYP A CODE INPUT EDD 1.0G  FRINTYP A CODE INPUT EDD 1.0G  FRINT	2003	RECEIPT						
Section 1 - Identification of Municipality  A. Type of Municipality    City   (2)   Township (2 <sup>nd</sup> )   (6)   (6)   (7)   (7)   (7)   (7)   (8)								
Section 1 - Identification of Municipality   Note: In Part A, home rule municipalities should check the box and enter the number of their previous municipal classification		FRMTYP	REVIEW	CODE	INPUT	EDP	LOG	
INSTRUCTIONS: Print or type requested information in the space provided.  Note: In Part A, home rule municipalities should check the box and enter the number of their previous municipal classification    Note: In Part A, home rule municipalities should check the box and enter the number of their previous municipal classification   A. Type of Municipality		A						
Note: In Part A, home rule municipalities should check the box and enter the number of their previous municipal classification    A. Type of Municipality	Section I - Identification of Municipality							
A. Type of Municipality   Item No. (1   City   (2)   Township (1 <sup>th</sup> )   (4)	INSTRUCTIONS: Print or type requested information in the space provide	;d.						
A. Type of Municipality (Check appropriate box below and enter corresponding number)    City (2)	Note: In Part A, home rule municipalities should check	the box and	enter the number of	of their previo	ous municipal	classification		
A. Type of Municipality (Check appropriate box below and enter corresponding number)    City (2)								
City   (2)	A. Type of Municipality					I		
Borough (3) Township (2 <sup>nd</sup> ) (5) Town (3) Authority (6) COG/Regional Entity (7)  B. Name of Municipality (2  C. Name of County (3  Section II – Identification of Pension Plan and Specification of Valuation Date  INSTRUCTIONS: Print or type request information in space provided.  A. Name of Pension Plan (4  B. Date on which pension plan was established		••••••	••••••	••••••			_ `	
Town (3) Authority (6) COG/Regional Entity (7)  B. Name of Municipality (2  C. Name of County (3)  Section II – Identification of Pension Plan and Specification of Valuation Date  INSTRUCTIONS: Print or type request information in space provided.  A. Name of Pension Plan (4)  B. Date on which pension plan was established (5) Mo. Da. Yr.  C. Valuation date for demographic, financial and actuarial data (6) / /2003 (6)	City (2)		Township (1 <sup>st</sup> )		(4)			
B. Name of Municipality (2  C. Name of County (3  Section II - Identification of Pension Plan and Specification of Valuation Date  INSTRUCTIONS: Print or type request information in space provided.  A. Name of Pension Plan (4  B. Date on which pension plan was established	Borough (3)		Township (2 <sup>nd</sup> )		(5)			
B. Name of Municipality	Town (3)		Authority		(6)			
C. Name of County    Section II - Identification of Pension Plan and Specification of Valuation Date   INSTRUCTIONS: Print or type request information in space provided.    A. Name of Pension Plan			COG/Regional	Entity	(7)			
C. Name of County    Section II - Identification of Pension Plan and Specification of Valuation Date   INSTRUCTIONS: Print or type request information in space provided.    A. Name of Pension Plan	B. Name of Municipality						(2	
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A. Name of Pension Plan    A. Date on which pension plan was established   1   1   2003   (6)    C. Valuation date for demographic, financial and actuarial data   1   2003   (6)	C. Name of County						(3	
A. Name of Pension Plan    A. Date on which pension plan was established   1   1   2003   (6)    C. Valuation date for demographic, financial and actuarial data   1   2003   (6)								
A. Name of Pension Plan    A. Date on which pension plan was established   1   1   2003   (6)    C. Valuation date for demographic, financial and actuarial data   1   2003   (6)	Section II – Identification of Pension Plan and Specification of Va	luation Dat	te					
A. Name of Pension Plan    A. Name of Pension Plan	•							
B. Date on which pension plan was established	Time of type request information in space provided.							
B. Date on which pension plan was established							(1	
C. Valuation date for demographic, financial and actuarial data	A. Name of Pension Plan						- (4	
C. Valuation date for demographic, financial and actuarial data							(5	
	B. Date on which pension plan was established				/ Mo.	/ . Da. Yr.	_ (5	
	C. Valuation date for demographic, financial and actuarial data				/	/2003	(6	
					Mo.		_	

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## Section VII - Certification of Report by the Chief Administrative Officer of the Municipality

**INSTRUCTIONS:** 

Review the instructions for the completion of this report specified in Section III, the information entered in each of the applicable sections of the reporting form and the information provided in the applicable schedules. Then complete the certification below <u>and return the original reporting form to the Commission</u>. *Retain a copy of the completed reporting form for audit compliance purposes*.

Note: To be completed by the person officially designated as the Chief Administrative Officer of the municipality under Act 205 of 1984.

I hereby certify that to the best of my knowledge the information provided in this report is complete, true and accurate.

(Signature of Chief Administrative Officer)

(Date)

(Name of Chief Administrative Officer) (Print or Type)

(Telephone)

Inquiries regarding completion or submission of the reporting form may be directed to:

Commonwealth of Pennsylvania Public Employee Retirement Commission

Mailing Address P.O. Box 1429 Harrisburg, PA 17105-1429

Phone: (717) 783-6100 Fax: (717) 787-9531 E-mail: perc@state.pa.us

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