RESOLUTION 26-19

A RESOLUTION REQUESTING ADMISSION TO THE FIREFIGHTERS RETIREMENT SYSTEM.

WHEREAS, Hyrum City Corporation is authorized to employ public safety personnel on a full-time basis; and

WHEREAS, it is in the public interest to provide benefits authorized by Utah state law for the public safety personnel by the City; and

WHEREAS, it is the intent of the City Council to approve and authorize coverage under Firefighters Retirement Systems for Hyrum City firefighter and/or emergency medical services personnel.

NOW THEREFORE, be it resolved by the City Council of Hyrum City, Utah that the City Administrator and Mayor are authorized to undertake all of the necessary actions to enroll the City in the benefit programs of the Firefighters Retirement Systems offered by Utah Retirement Systems, including the retirement coverage and death benefit coverage for qualified employees under the laws and regulations of the Utah Retirement Systems.

ADOPTED by the City Council of Hyrum City, Utah, this 4th day of June, 2026.

HYRUM CITY CORPORATION

VOTING:

Council Member Rebecca Foulgers	Yea ___	No __
Council Member Michael Nelson	Yea ___	No ___
Council Member Nalyn Nelson	Yea ___	No ___
Council Member Craig Rasmussen	Yea ___	No ___
Council Member Mont Wright	Yea ___	No ___

_____
Steve Miller Mayor

SEAL

ATTEST:

_____
Stephanie Fricke City Recorder

URS
Utah Retirement Systems
PO Box 1590
Salt Lake City, UT 84110-1590
801-366-7700 | 800-365-8775
Fax: 801-366-7734

Qualifying Application Supplement For Firefighters System

1) Please answer all of the following questions in detail.
2) If the question is not applicable to your Entity, indicate with "not applicable".

Entity Name				Email address
Hyrum City Corporation				stephanie.fricke@hyrumcity.gov
Address	City	St	Zip	Telephone Number
60 West Main	Hyrum	Ut	84319	435-245-6033
Employer Representative Name				Title
Stephanie Fricke				City Recorder

1. Does the fire department employ a fire chief who is trained in firefighter techniques, is assigned to hazardous duty, and performs such service for the fire department at least 2,080 hours or regularly scheduled paid employment per year? What is that person's name? (If applying for emergency medical services personnel (EMS) employees only, please indicate the Emergency Medical Services Director's name and Title if there is not a fire chief.)
   Fire Chief Tony Stauffer full time July 1, 2026

2. Does the fire department employ full-time (minimum of a regularly scheduled work period of 2,080 hours per year) firefighters and/or EMS employees? Please provide the positions below:
   Fire Chief, Assistant Fire Chief, Fire Fighter AEMT/Fire Inspector, Fire Fighter/AEMT, Fire Fighter/AEMT/Captain

3. Do firefighters or EMS employees participate in on-the-job Social Security coverage?
   Yes ☑ No ☐
   List details below:
   Hyrum City will pay standard FICA for all employees.

By signing this form, I hereby certify that:

a. I have the power and authority to sign on behalf of the Entity;
b. I certify that each position listed meets the qualifications to participate under this system;
c. The information I have provided on this form is true, complete, and correct;
d. I understand and agree that this election is irrevocable and that all positions meeting all qualifications to participate in this system will be in the Firefighter Retirement System; and,
e. I understand and agree that failure to provide correct and complete information on this form could result in action that would subject the Entity to liability for incorrectly paid benefits, interest, and penalties.

I have attached the following documentation:

☑ List of Full-Time Firefighter Positions (If Not Listed Above)

☑ List of Emergency Medical Services Positions (If Not Listed Above)

☑ A copy of the Entity's Resolution authorizing participation in the Firefighter System

☐ Other

SIGNATURE

This form was completed by:

Daniel Ferris

Name of Person Submitting

Daniel Ferris

Mailing Address

60 West Main

Telephone Number

435-245-6033

Signature

_____

Utah Retirement Systems
PO Box 1590
Salt Lake City, UT 84110-1590
801-366-7720 | 800-688-4015
www.urs.org **Fax:** 801-366-7445 | 800-753-7445

BENEFIT PROTECTION CONTRACT REQUEST

INSTRUCTIONS:

1. Use this form to select benefit protection you, as the employer, elect to offer to your employees through URS through either long-term disability, workers' compensation benefits or both pursuant to Utah Code Section 49-11-404. This request must be approved by URS. *Please note that under Utah Code Sections 49-14-602, 49-15-602 and 49-23-602 (effective July 1, 2022) it is mandatory to have this coverage in place for Tier 1 Public Safety Service Employees and Tier 2 Public Safety and Firefighter Service Employees.
2. If you choose to offer benefit protection through a long-term disability plan, you must submit your long-term disability insurance policy to URS Employer Services for review and acceptance. The long-term disability program benefits must be substantially similar to the PEHP Long-Term Disability Program.
3. There is no additional cost for maintaining a disability benefit protection contract for Tier 1 employees because the funding is paid through the Tier 1 contribution rates you pay to URS every pay period (except for Tier 1 Firefighter Service Employees). The cost for a benefit protection contract is not paid through Tier 1 Firefighter or Tier 2 contribution rates but is paid by each employer for each disabled employee when that employee is approved for disability benefits. An employer continues to pay the requisite contributions (or employer nonelective contributions to the employee's 401(k) if on the Tier 2 DC plan) for that disabled employee as if they were an active employee for as along as they are receiving disability or benefits or until they qualify for an unreduced retirement benefit. The retirement contributions are based on the employee's base wages with annual cost of living increases at the time the disability coverage was approved.
4. The workers' compensation benefit protection contract is funded by the employer for each disabled employee when an employee is granted workers' compensation benefits for both Tier 1 and Tier 2. An employer continues to pay the requisite Tier 1 and Tier 2 contributions (or employer nonelective contributions to the employee's 401(k) if on the Tier 2 DC plan) for that employee as if they were an active employee for as long as they are receiving monthly workers' compensation benefits or until retirement. The retirement contributions are based on the employee's base wages with annual cost of living increases at the time the workers' compensation coverage was approved.
5. Complete all applicable sections and check all boxes that apply.

SECTION A » EMPLOYER INFORMATION

Name of Employer	Unit Number
Hyrum City Corporation	378
Employer Representative Name	**Phone Number**
Stephanie Fricke	435-245-6033

SECTION B » LONG-TERM DISABILITY

Complete this section if you elect to offer benefit protection through your long-term disability program.

Please provide the name of your long-term disability insurance carrier and the renewal date for the policy:

Name PEHP

Policy Date 07/01/2025-07/01/2026 & 7/1/2026 - 7/1/12027

The employer authorizes the following:

Tier 1

☑ All Participation – Check the box if you elect benefit protection for all your Tier 1 employees.

☐ Tier 1 Public Safety Service Employees-Check the box if you elect benefit protection for your Tier 1 Public Safety Service Employees.

☒ Tier 1 Firefighter Service Employees-Check the box if you elect benefit protection for your Tier 1 Firefighter Service Employees.

Tier 2

☑ All Participation-Check the box if you elect benefit protection for all of your Tier 2 employees.

☐ Tier 2 Public Safety Service Employees-Check the box if you elect benefit protection for your Tier 2 Public Safety Service Employees.

☒ Tier 2 Firefighter Service Employees-Check the box if you elect benefit protection for your Tier 2 Firefighter Service Employees.

SECTION C » WORKERS' COMPENSATION

Complete this section if you elect to offer benefit protection through your Workers' Compensation Indemnity Benefits.

The employer authorizes the following:

Tier 1

☒ All Participation – Check the box if you elect benefit protection for all your Tier 1 employees.

☐ Tier 1 Public Safety Service Employees-Check the box if you elect benefit protection for your Tier 1 Public Safety Service Employees.

☐ Tier 1 Firefighter Service Employees-Check the box if you elect benefit protection for your Tier 1 Firefighter Service Employees.

Tier 2

☒ All Participation-Check the box if you elect benefit protection for all of your Tier 2 employees.

☐ Tier 2 Public Safety Service Employees-Check the box if you elect benefit protection for your Tier 2 Public Safety Service Employees.

☐ Tier 2 Firefighter Service Employees-Check the box if you elect benefit protection for your Tier 2 Firefighter Service Employees.

SECTION D » EFFECTIVE DATE OF THE BENEFIT PROTECTION CONTRACT

Desired Effective Date of Coverage upon URS approval: _07/01/2026_____(mm/dd/yyyy).

SECTION E» EMPLOYER AUTHORIZATION

By signing and submitting this Benefit Protection Contract for processing, I certify that:

- I have the power and authority to sign and make changes on behalf of the named employer;
- I understand and agree on behalf of the named employer to comply with the employer requirements and obligations as found in Utah Code Title 49 and applicable URS rules and policies;
- I understand that this is entered into for the purpose of complying with the requirements of Utah Code Section 49-11-404;
- I understand that employees who are either disabled or receiving a monthly workers' compensation indemnity benefit shall continue to accrue full time service and salary credits, or retirement contributions for members of Tier 2 DC only, based on the employee's full rate of pay in effect at the time the disability or workers' compensation benefits began, and the employer will pay the requisite retirement contributions on behalf of their employees as elected on this request;
- I agree that the named employer will indemnify URS from and against any claims or other liability including attorney fees based upon the named employer's failure to comply with its obligations pursuant to this request;
- I understand that the employer shall provide notification of application, approval, termination of long-term disability benefits, and a signed authorization from the member allowing the insurance company to release information to URS;
- I understand that the employer shall provide notification of application, approval, termination of workers' compensation benefits, and a signed authorization from the member allowing the workers' compensation carrier to release information to URS;
- I understand that this request must be approved by URS and may be terminated by URS whenever it is determined that the coverage fails to comply with the laws of Utah, fails to provide protection to the member's retirement, or is not substantially equivalent to the PEHP LTD Program; and
- I understand that this request shall not affect any other benefit protection contract on file with URS.

Print Name	Title
Steve Miller	Mayor
Authorized Signature	Date
	06/01/2026

Utah Retirement Systems
PO Box 1590
Salt Lake City, UT 84110-1590
801-366-7318 | 800-753-7318
www.urs.org

Employer Election To Pick-up Member Contributions

Instructions:
1. This form is designed to notify Utah Retirement Systems (URS) of an Employer's formal election to pick-up retirement contributions.
2. This form and accompanying documentation must be returned to URS for processing.
3. A separate Election must be indicated and submitted for each URS system for which the Employer is electing to pick-up Employee contributions, whether on a single form or multiple submitted forms.
4. For information regarding employer pick-up contributions, please refer to Internal Revenue Code Section 414, and IRS Revenue Ruling 2006-43. If you would like to update the *Employer Election to Pick-Up Member Contributions* form on file for your employees, please input the total amount you are electing to pick-up. By submitting this information, it will amend your previous election, and it cannot be less than the previous pick-up amount.
5. An Employer should consult its legal, financial, and tax advisors if it has any questions concerning the consequences of member contribution pick-ups and submitting this form.

SECTION A » EMPLOYER INFORMATION

Employer Name	Employer Number	Date
Hyrum City Corporation	378	06/04/2026

Desired Effective Date: _____ (The effective date must be after the date that the pick-up election was formally adopted as provided in the attached documentation.)

SECTION B » PICKUP AMOUNT(S)

The above-named Employer certifies that it has taken formal action to provide that the contributions on behalf of its covered employees in the following URS System, although designated as employee contributions, will be paid by the employer in lieu of employee contributions. (Please check the box and fill in the portion of employee contributions picked-up for each affected system below).

Attach written documentation to this form that provides evidence that the Employer formally elected to prospectively pick-up specified employee contributions. (For example, ordinance, resolution, governing body meeting minutes, etc.)

- ☐ Tier 1 Firefighters' Retirement System, with a pick-up election of _____% of salary that will be paid by the Employer in lieu of employee contributions. *This election only available to employers initially entering participation with URS in the Firefighters' Retirement System.*
- ☐ Tier 2 Public Safety and Firefighter Contributory Retirement System, with a pick-up election of _____% of salary that will be paid by the Employer in lieu of employee contributions for members serving as a **Public Safety Officer**.
- ☐ Tier 2 Public Safety and Firefighter Contributory Retirement System, with a pick-up election of _____% of salary that will be paid by the Employer in lieu of employee contributions for members serving as a **Firefighter**.

SECTION C » CERTIFICATION AND SIGNATURE

I acknowledge and certify the following:

- I represent and have the authority to sign and submit this form on behalf of the participating employer;
- The Employer has taken all appropriate and necessary actions to make a formal Employer pick-up of employee contributions on behalf of its employees;
- The election to pay for the Employee contributions shall constitute an Employer pick-up of designated contributions pursuant to Internal Revenue Code Section 414(h);
- From and after the date of the pick-up election, an Employer may not: 1) have a cash or deferred election right with respect to the designated Employee contributions; 2) be permitted to opt out of the pick-up; or 3) have the option of choosing to receive or receiving the contributed amounts directly instead of having them paid by the Employer to the specified system/plan;
- In order for contributions to be considered paid by the employer, and therefore not subject to Social Security and Medicare tax (FICA), the Employer contributions: 1) Must be mandatory for all Employees covered by the retirement system; and 2) Must be a salary supplement and not a salary reduction – in other words, the Employer must not reduce Employee salary to offset the amount designated as Employee contributions;
- Future modifications to this Employer election may be disallowed or limited;
- The election authorized to be taken by the foregoing is not contrary to any governing provisions of the Employer;
- I understand that URS is not providing the Employer legal, financial, or tax advice relating to making a "pick-up" election or submitting this form; and
- The information provided on this form and attached documentation is correct and can be relied upon by URS.
- I agree that the Employer will indemnify URS from and against any claims or other liability including attorney fees based upon the Employer's failure to comply with pick-up election requirements.

Printed Name of Employer Representative (Binding Official)	Signature of Binding Official	Title
Daniel Ferris		Mayor

SALARY AND BENEFITS SUMMARY

Name of Employee	Position	If Elected or Appointed Length of Term From – To	Ave. Weekly Hrs.	Salary Per Week	Indicate if employee is receiving these benefits					
					Annual Leave Y/N	Sick Leave Y/N	Health Ins. Y/N	Life Ins. Y/N	LTD[1] Y/N	STD[2] Y/N
Unknown	Fire Chief	Appointed 1 year	40	$2,000	Y	Y	Y	Y	Y	N
Unknown	Asst. Fire Chief		40	$1,600	y	y	y	y	y	N
Unknown	Fire Fighter AEMT/Fire Inspector		40	$1,380	Y	Y	Y	Y	Y	n
Unknown	Fire Fighter/AEMT		40	$1,200	Y	Y	Y	Y	Y	n
Unknown	Fire Fighter/AEMT/ Captain		40	$1,380	Y	Y	Y	Y	Y	n

					Indicate if employee is receiving these benefits					

[1]Long-term Disability
[2]Short-term Disability

Utah Retirement Systems
Final Condensed Retirement Contribution Rates as a Percentage of Salary and Wages
Fiscal Year July 1, 2026 - June 30, 2027

	Tier 1 DB System			Tier 1 Post Retired		Tier 2 - DB Hybrid System					Tier 2 - DC Plan				
	Contribution Reporting Fields Tier 1 2026-2027 RATES			Post Retired Employment after 6/30/2010 - NO	Post Retired Employment before 7/1/2010		Contribution Reporting Fields Tier 2 2026-2027 RATES					Contribution Reporting Fields Tier 2 2026-2027 RATES			
	Employee	Employer	TOTAL	Amortization of UAAL**	Optional 401(k) Cap	Tier 2 Fund	Employee	Employer	401(k)	TOTAL	Tier 2 Fund	Employee	Employer	401(k)	TOTAL
Public Employees															
Contributory Retirement System															
11- Local Government	6.00	10.96	16.96	4.87	12.09	111	1.30	14.95	0.00	16.25	211	0.00	4.95	10.00	14.95
12- State and School	6.00	16.70	22.70	11.25	11.45										
17- Higher Education	6.00	17.70	23.70	12.25	11.45										
Public Employees															
Noncontributory Retirement System															
15- Local Government	-	14.97	14.97	3.11	11.86	111	1.30	13.19	0.00	14.49	211	0.00	3.19	10.00	13.19
16- State and School	-	21.19	21.19 *	8.94	12.25	112	1.30	19.02	0.00	20.32	212	0.00	9.02	10.00	19.02
18- Higher Education	-	22.19	22.19 *	9.94	12.25	117	1.30	20.02	0.00	21.32	217	0.00	10.02	10.00	20.02
Public Safety															
Contributory Retirement System															
Division A (with Social Security)															
23- Other Division A With 2.5% COLA	12.29	21.79	34.08	10.77	23.31	122	5.98	24.85	0.00	30.83	222	0.00	10.85	14.00	24.85
Public Safety															
Noncontributory Retirement System															
Division A (with Social Security)															
42- State With 4% COLA	-	39.85	39.85	16.96	22.89	122	5.98	31.04	0.00	37.02	222	0.00	17.04	14.00	31.04
43- Other Division A With 2.5% COLA	-	32.54	32.54	10.25	22.29	122	5.98	24.33	0.00	30.31	222	0.00	10.33	14.00	24.33
75- Other Division A With 4% COLA	-	34.21	34.21	11.41	22.80	122	5.98	25.49	0.00	31.47	222	0.00	11.49	14.00	25.49
48- Bountiful With 2.5% COLA	-	50.38	50.38	26.89	23.49	122	5.98	40.97	0.00	46.95	222	0.00	26.97	14.00	40.97
Division B (without Social Security)															
44- Salt Lake City With 2.5% COLA	-	46.71	46.71	24.20	22.51	122	5.98	38.28	0.00	44.26	222	0.00	24.28	14.00	38.28
45- Ogden With 2.5% COLA	-	48.72	48.72	26.30	22.42	122	5.98	40.38	0.00	46.36	222	0.00	26.38	14.00	40.38
46- Provo With 2.5% COLA	-	42.23	42.23	19.61	22.62	122	5.98	33.69	0.00	39.67	222	0.00	19.69	14.00	33.69
47- Logan With 2.5% COLA	-	40.47	40.47	17.87	22.60	122	5.98	31.95	0.00	37.93	222	0.00	17.95	14.00	31.95
49- Other Division B With 2.5% COLA	-	32.57	32.57	9.95	22.62	122	5.98	24.03	0.00	30.01	222	0.00	10.03	14.00	24.03
76- Other Division B With 4% COLA	-	33.97	33.97	10.94	23.03	122	5.98	25.02	0.00	31.00	222	0.00	11.02	14.00	25.02
Firefighters' Retirement System															
Division A (with Social Security)															
31- Division A	15.05	1.61	16.66	-	16.66	132	5.98	14.08	0.00	20.06	232	0.00	0.08	14.00	14.08
Division B (without Social Security)															
32- Division B	16.71	0.34	17.05	-	17.05	132	5.98	14.08	0.00	20.06	232	0.00	0.08	14.00	14.08
Judges' Retirement System															
37- Judges' Noncontributory	-	46.00	46.00												

** Does not include the required 1.5% 401(k) contribution.*

*** Unfunded Actuarial Accrued Liability*