

# Pension Review Board

P.O. Box 13498, Austin, TX 78711 | Phone: (800) 213-9425 or (512) 463-1736 | Fax: (512) 463-1882 | Email: prb@prb.state.tx.us

## BENEFITS AND MEMBERSHIP REPORT

**PRB-200**

### RETIREMENT SYSTEM PROFILE

San Benito Firemen Relief & Retirement Fund	956-792-2883
System Name	Phone Number
Caleb Silva	cj.silva@hotmail.com
Report Contact Name (Please Print)	E-mail Address

### BACKGROUND INFORMATION

11/06/2014	
Last Plan Amendment Date	
10 yr=50% vested increasing each year thereafter by 5% increments	
Vesting Period	
Age 52 plus 20 years of service	
Normal Eligibility Requirements (Age + Service)	
N/A	
Early Retirement Eligibility Requirements (Age + Service)	
Age 55 plus 23 years of service	
DROP Eligibility Requirements (Age + Service)	
NRB benefit	415 Limit
Minimum Benefit	Maximum Benefit

### MEMBERSHIP REPORT

Active Members .....	26
Retirees and Beneficiaries .....	10
Terminated Vested .....	1
Total Members .....	37

### FORMULAS AND BENEFITS

#### Normal Retirement Benefit Formula

45% of the Highest 60-Month Average Salary plus \$70 per mo. for each whole yr. of service in excess of 20 yrs. of service

#### Service-Related Disability Benefit Formula

45% of the Highest 60-Month Average Salary plus \$70 per month for each whole yr. of service in excess of 20 years of service

#### Service-Related Survivor Benefit Formula

The duty-related death benefit payable to the eligible surviving spouse of a firefighter who was not yet eligible for retirement is equal to 2/3 of the Service

#### Nonservice-Related Disability Benefit Formula

The monthly benefit for non duty related disability is determined as 5% of the duty related disability benefit for each completed year and

#### Nonservice-Related Survivor Benefit Formula

The not duty related death benefit payable to the eligible surviving spouse of a firefighter is equal to 5% of the on-duty death benefit for each completed year

### CERTIFICATION

I hereby certify that the information provided above is complete and accurate and that I am duly authorized by the pension system to complete this form.

**Note:** For e-mail submissions, by typing your name on the signature line below you are signing this document.

Caleb Silva  
 Authorizing Signature  
 05/17/2018  
 Date

Caleb Silva  
 Printed Name