

PENSION SYSTEM REGISTRATION

PRB-100

RETIREMENT SYSTEM PROFILE

ADMINISTRATOR PROFILE

System Name and Mailing Address  
San Benito Firemen Relief & Retirement Fund

Caleb Silva, Chairman  
CEO, Chairperson or other key contact

956-792-2883 956-361-3813  
Phone Number Fax Number

cj.silva@hotmail.com  
E-mail Address

http:// https://www.sanbenitofirepension.com  
Web Address

Company Name and Mailing Address  
Tinsley Administrative Solutions, LLC

Ana V. Tinsley  
Contact Person

512-686-2849 512-377-9840  
Phone Number Fax Number

avtinsley@ttasllc.com  
E-mail Address

http:// https://ttasllc.com  
Web Address

SYSTEM BACKGROUND INFORMATION

Article 6243e Vernon's Texas Civil Statutes cited as the Texas Local Firefighter's Retirement Act (TLFFRA) 1990 Sept 30  
Specify plan statute, ordinance, or charter governing the system Year Plan Created Plan's Fiscal Year End

Benefit Type:  Defined Benefit  Defined Contribution  Other: \_\_\_\_\_

Participant Desc:  General Employees  Police  Fire  Volunteer Fire  Other: \_\_\_\_\_  
(check all that apply)

Are employees covered by Social Security?  Yes  No

If yes, are pension benefits offset by Social Security payments?  Yes  No

RETIREMENT SYSTEM GOVERNING BODY

Need to report more than 6 members? Please attach a separate sheet.

Name	Position	Occupation	Mailing Address	Phone Number
Mr. Ricardo Guerra	Trustee	Mayor	1201 S. Sam Houston Blvd., San Benito, TX 78586	956-361-3850
Ms. Belen Pena	Trustee	Finance Director	485 N. Sam Houston, Blvd., San Benito, TX 78586	956-361-3804 ext 222
Ms. Ida Martinez	Citizen	CPA	1201 S. Sam Houston Blvd., San Benito, TX 78586	956-361-3850
Mr. Rafael Perez	Board Secretary	Active Firefighter	1201 S. Sam Houston Blvd., San Benito, TX 78586	956-361-3850
Mr. Adan Gonzalez	Trustee	Active Firefighter	1201 S. Sam Houston Blvd., San Benito, TX 78586	956-361-3850
Mr. Boris Esparza	Board Vice Chair	Active Firefighter	1201 S. Sam Houston Blvd., San Benito, TX 78586	956-361-3850

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.



Authorizing Signature

03/18/2021

Date

Caleb Silva

Printed Name

Ana V. Tinsley

Name(s) of other form contributors