



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

# Utah Retirement Systems Qualifying Application

DANIEL D. ANDERSEN  
 EXECUTIVE DIRECTOR

- 1) This application is designed to determine the eligibility of an agency or other entity, referred to hereafter as Entity, regarding coverage by Utah Retirement Systems (URS) and to apply for participation with URS.
- 2) If you are not applying for participation at this time, please use the Eligibility Questionnaire.
- 3) Please answer all of the following questions in detail.
- 4) If the question is not applicable to your Entity, indicate with "not applicable."

<b>EMPLOYER INFORMATION</b>				
Entity Name			Email address	
Address	City	St	Zip	Telephone Number - -
Employer Representative Name			Title	
Desired Effective Date of Coverage Upon Approval _____ (mm/dd/yyyy)				
<b>Contributions are required back to date of Coverage. Interest is charged on contributions more than 60 days old (Date entered should coincide with the first day of a valid pay period).</b>				

1. Was the Entity created and/or maintained pursuant to specific statutory authorization?

Yes       No

If yes, explain and cite to statute. \_\_\_\_\_

2. Does the Entity have taxing authority?

Yes       No

If yes, please cite to the authority for taxing powers. \_\_\_\_\_

3. Can the Entity exercise the power of eminent domain?

Yes       No

If yes, please explain. \_\_\_\_\_

4. Does the Entity have police powers?

Yes       No

If yes, please explain. \_\_\_\_\_

5. Is the Entity's budget subject to governmental review and approval?

Yes       No

If yes, please explain. \_\_\_\_\_

6. Are the Entity's financial records subject to periodic audit by the State Auditor?

Yes       No

If yes, please explain. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

7. Are the Entity's employment decisions reviewed by a governmental body?

Yes       No

If yes, please explain. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

8. Does the Entity provide payroll, policy and HR functions under its own Tax ID Number?

Yes       No

If no, please explain. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

9. Who has the authority to make executive decisions for the Entity? \_\_\_\_\_

How are these positions filled? (i.e. elected, appointed by elected officials, etc.) \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

10. Does the Entity have the authority to adopt administrative rules that preempt other law?

Yes       No

If yes, please explain. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

11. Does the Entity hold unit hearings with respect to services offered?

Yes       No

If yes, please explain. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

12. Are the Entity's records subject to public disclosure (Governmental Records Access and Management Act, etc.)?

Yes       No

If yes, please explain. \_\_\_\_\_

13. Is the Entity non-profit?

Yes       No

If yes, please explain. \_\_\_\_\_

14. Is the Entity tax exempt?

Yes       No

If yes, please provide tax exempt number. \_\_\_\_\_

15. Does the Entity receive governmental/taxpayer funds or subsidies?

Yes       No

If so, from what governmental source and in what amounts? \_\_\_\_\_

16. Does the Entity have daily or periodic governmental supervision?

Yes       No

If yes, please explain. \_\_\_\_\_

17. Can the Entity enter into contracts or incur indebtedness without the approval of a governmental body?

Yes       No

If yes, please explain. \_\_\_\_\_

18. Does the Entity currently provide any retirement benefits?

Yes       No

If yes, please describe. \_\_\_\_\_

By signing this form, I hereby apply for participation in URS on behalf of the Entity. I certify that:

- a. I have the power and authority to sign and apply on behalf of the Entity;
- b. The information I have provided on this form is true, complete, and correct;
- c. Subject to approval of this application, I understand and agree on behalf of the Entity to comply with the employer requirements and obligations as found in Utah Code Title 49 and applicable URS rules and policies;
- d. I understand and agree that an election to participate is irrevocable, and once admitted, the Entity will not be eligible to withdraw;
- e. I understand and agree that once admitted, the Entity will be required to cover ALL qualifying employees under Title 49;
- f. I understand and agree that contribution rates are subject to change each year to maintain the Plans on a financially and actuarially sound basis, and the Entity will be required to pay the certified contribution rates at the end of each pay period;
- g. I understand and agree that failure to provide correct and complete information on this form, or to comply with any of the obligations and responsibilities under Title 49, including the payment of contributions, proper reporting, and other requirements, could result in limitation or termination of the Entity's participation with URS and/or liability for past contributions, incorrectly paid benefits, interest, and penalties;
- h. I understand and agree that the terms and conditions of participation with URS are set by statute and administrative rule and are subject to change by the Utah Legislature or URS, respectively, at any time; and
- i. I understand and agree that it is the Entity's responsibility to know and comply with its rights, responsibilities, and obligations under Title 49.

I have attached the following documentation:  Bylaws  Articles of Incorporation  Resolution

Other Creation Documents \_\_\_\_\_

## SIGNATURE

This form was completed by:

\_\_\_\_\_  
Name of Person Submitting

\_\_\_\_\_  
Title

\_\_\_\_\_  
Mailing Address

\_\_\_\_\_  
Telephone Number

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date