



PENSION AGREEMENT

Notification of Board or Commission Action to Participate in the Wyoming Retirement System as a City, Town or County

The following Agreement is made:

- BETWEEN: WYOMING RETIREMENT SYSTEM (WRS) DEFINED BENEFIT PENSION PLAN, located at 6101 YELLOWSTONE RD, SUITE 500, CHEYENNE, WY 82002
- AND: TOWN OF SARATOGA, located at 110 E. Spring St, Saratoga, WY 82331,
- AND: is eligible for participation as defined in W.S. § 9-3-402(a)(vi)(B) Employer" or "participating employer" means: (B) Any county, county memorial hospital, special hospital district, city or town or legally constituted department designated to the board by the appropriate governing body as an employer under this article.

Town of Saratoga joined WRS on 1/1/1978 and agreement was updated in:
November 2022 (adding part-time LE members effective 11/1/2022)

IT IS HEREBY AGREED THAT:

- A. The governing body of Town of Saratoga has elected to participate in WRS as of January 1, 1978. All eligible employees will be covered as of the effective date of this Agreement. Eligible employees hired on or after the effective date will be covered starting with their first day of employment.

- B. All full-time employees with the Town of Saratoga will be covered and the Town of Saratoga elect to:

COVER all Law Enforcement Officers working full-time or part-time and **NOT COVER** part-time Public Employees. If regular part-time employees are not initially covered, they may be covered at a later date by separate Board or Commission actions. If Employer elects to cover regular part-time employees, please complete section "C". Coverage elections are not subject to change or cancellation after the effective date of the Agreement, except as provided by the Wyoming Retirement Act.

- C. WRS definitions of regular part-time is any employee how works 25 hours or more per week, if the Town of Saratoga has a more inclusive definition of regular part-time employees who work less than 25 hours per week please list that coverage below:

This definition is not subject to change or cancellation after the effective date of the Agreement.

- D. Employees cannot opt out of participation, for any reason.
- E. Employer is a city, town or county with legally constituted departments or divisions, please elect which departments and divisions will be covered
- ☐ **ALL** Full-Time Employees of the Town of Saratoga to be covered.
 - ☐ Employer may elect to cover only eligible employees of the following departments or divisions (please list the departments/divisions below and attach an organizational chart) departments and divisions not originally covered as of the effective date of this Agreement may be covered at a later date by separate Board or Commission action.
Part-time Law Enforcement Officers

- F. The coverage outlined above shall not be subject to change or cancellation after the effective date of the Agreement, except as provided for by the Wyoming Retirement Act.
- G. All provisions of the Wyoming Retirement Act, the Wyoming Retirement Board's Rules and policies of WRS shall prevail.
- H. Employee contributions will be paid to WRS as: Untaxed* (taxes not yet deducted) OR
- I. LATE PAYMENTS:
If required employee and employer contributions are not received by WRS by the 12th of the month for the preceding month, interest shall be assessed at the assumed rate of return as determined by the Wyoming Board of Directors, compounded annually.
- J. TERMINATION OF AGREEMENT BY EMPLOYER:
The Wyoming Retirement Act does not provide a legal mechanism for an employer to disaffiliate with WRS.

The governing body of Town of Saratoga decided on January 1, 1978 to participate in the Wyoming Retirement System and certify all eligible employees will be enrolled in the following Plan(s) as of 11/01/2022:

- ☐ Public Employee Pension - Tier I – Full-time only
- ☐ Public Employee Pension - Tier II – Full-Time only
- ☐ Law Enforcement Changed 11/1/2022 Full-time and part-time

Town of Saratoga falls under a city, town or county and therefore the agreement is not subject to change or cancellation, unless according to Wyoming Statute § 9-3-405(a)(ii)(A) elects to cover additional departments or divisions, or to elect coverage for its regular part-time employees if previous coverage was not originally elected. Upon modification to Agreement, Employer must complete another Agreement, which will supersede any existing Agreement(s).

Attest: X
(Signature of Agency Clerk or Secretary)

X
(Signature of Chairman or President of Governing Body)

X
(Printed name of Agency Clerk or Secretary)

X
(Printed name of Chairman or President of Governing Body)

(Date)

(Date)

**TOWN OF SARATOGA
110 E SPRING ST
SARATOGA, WY 82331**

Employer Contact Information (please review and update any information below):

Name: Marie Christen

Email Address: clerk@saratogawyo.org

Phone Number: 307-326-8335

WRS Office Use Only

RAIN ID # _____

Approved by: _____

Date Approved: _____