## 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

THE WOODLANDS FIREFIGHTERS' RETIREMENT SYSTEM	936-537-4475
System Name	Phone Number
JENNIFER HANNA	JHANNA@TWFRS.ORG
Report Contact Name (Please Print)	E-mail Address
BACKGROUND INFORMATION	FORMULAS AND BENEFITS
-1-2016	Normal Retirement Benefit Formula
ast Plan Amendment Date  0 YEARS esting Period	HIGHEST AVERAGE MTHY PAY MULTIPLIED BY 2.5% TIMES 20 PLUS HIGHEST MONTHLY AVERAGE PAY TIME 3.0% MI II TIPLIED BY YEARS IN EXCESS OF 20
GE 52 + 20 YRS	Service-Related Disability Benefit Formula
ormal Eligibility Requirements (Age + Service) OT OFFERED AT THIS TIME arly Retirement Eligibility Requirements (Age + Service)	HIGHEST AVERAGE MTHY PAY MULTIPLIED BY 2.5% TIMES 20 FIRST TWO 1/2 YEARS UP TO 120 TOTAL MTHI V PAYMENTS
OT OFFERED AT THIS TIME	Service-Related Survivor Benefit Formula
ROP Eligibilty Requirements (Age + Service) inimum Benefit Maximum Benefit	75% OF HIGHEST AVERAGE MTHY PAY MULTIPLIED BY 2.5% TIMES 20PLUS HIGHEST MONTHLY AVERAGE PAY TIMES 2.0% MI II TIPI IED RY VEARS IN EYCESS OF 20
MEMBERSHIP PEROPT	Nonservice-Related Disability Benefit Formula
tive Members	HIGHEST AVERAGE MTHY PAY MULTIPLIED BY 2.5% TIMES 20 FIRST TWO 1/2 YEARS UP TO 120 TOTAL MTHI Y PAYMENTS
etirees and Beneficiaries	Nonservice-Related Survivor Benefit Formula
rminated Vested	75% OF HIGHEST AVERAGE MTHY PAY MULTIPLIED BY
tal Members137	2.5% TIMES 20PLUS HIGHEST MONTHLY AVERAGE PAY

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.	
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Note: For e-mail submissions, by typing your name on the sign	ature line below you are signing this document.
DOUG ADAMS	DOUG ADAMS
Authorizing Signature	Printed Name
July 14, 2017	
Date	