



TEXAS 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.texas.gov

BENEFITS AND MEMBERSHIP REPORT

PRB-200

RETIREMENT SYSTEM PROFILE

Houston Police Officers' Pension System	713-869-8734
System Name	Phone Number
Patrick S. Franey	info@hpops.org
Report Contact Name (Please Print)	E-mail Address

BACKGROUND INFORMATION

July 1, 2017	Last Plan Amendment Date
Hired before 10/9/2004 - 20 years	Vesting Period
Hired before 10/9/2004 - 20 years of service	Hired after 10/9/2004 - age plus service equal 70
Hired after 10/9/2004 - ≥ 10 but < 20 yrs of service; payable at age 60	Normal Eligibility Requirements (Age + Service)
Hired after 10/9/2004 - ≥ 10 yrs of service; payable at age 55	Early Retirement Eligibility Requirements (Age + Service)
Hired before 10/9/2004 and 20 years of service	DROP Eligibility Requirements (Age + Service)
Refund of contributions	No max. if hired before 10/9/2004 80% if hired after 10/9/2004
Minimum Benefit	Maximum Benefit

FORMULAS AND BENEFITS

Normal Retirement Benefit Formula
Hired before 10/9/04 - 2.75% of FAP for 1st 20 yrs; 2% thereafter Hired after 10/9/04 - 2.25% of FAP for 1st 20 yrs; 2% thereafter FAP - Final Average Pay
Service-Related Disability Benefit Formula
Hired before 10/9/04 - greater of 55% or accrued benefit Hired after 10/9/04 - greater of 45% or accrued benefit Catastrophic Disability - 100% of Final Avg Pay
Service-Related Survivor Benefit Formula
100% of Final Avg Pay to Eligible Survivors
Nonservice-Related Disability Benefit Formula
Hired before 10/9/04 - greater of 27.5% or accrued benefit Hired after 10/9/04 - greater of 22.5% or accrued benefit
Nonservice-Related Survivor Benefit Formula
Hired before 10/9/04 - greater of 27.5% or accrued benefit Hired after 10/9/04 - greater of 22.5% or accrued benefit If retired, Eligible Survivor receives 100% of retirees benefit

MEMBERSHIP REPORT

Effective Date	6/30/2020
Active Members	5320
Retirees and Beneficiaries	4500
Terminated Vested	40
Total Members	9860

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.

Patrick S. Franey
Authorizing Signature

Patrick S. Franey
Printed Name

8/26/2020
Date