



IAFF MERP MEDICAL EXPENSE REIMBURSEMENT PLAN

Administered by Benefit Programs Administration
1200 Wilshire Blvd, 5th Floor · Los Angeles, CA 90017
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CONTACTING THE ADMINISTRATION OFFICE

Please contact the IAFF MERP Trust Administration Office with any questions about how to complete the Contribution Template.

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Contribution Template Instructions		
YELLOW FIELDS ARE REQUIRED	LIGHT BLUE ARE NOT REQUIRED	DARK BLUE ARE NOT REQUIRED BUT WILL NEED TO BE COMPLETE BASED ON EMPLOYEE CIRCUMSTANCES.
DATA ELEMENTS		
COLUMN HEADER NAME	VALIDATION	DEFINITION
Pay Date	Must be a valid date xx/xx/xxxx	Ties the funds transfer (or check issue) date to the contribution file. For employers remitting ER-only contributions, the Pay Date can be the remittance date. Date the Paycheck issued to the Member. Ex: Payroll Start 6/1/2025, Payroll End 6/15/2025, and Check Issue to the Member, 6/20/2025.
Employee Number	Must be a 1–9 digit number	Employee Number/Employee ID provided by Employer
Date of Hire	Must be a valid date xx/xx/xxxx	Original Date of Hire. If an employee is rehired, please use original date of hire.
New Hire	Must be a valid date xx/xx/xxxx	First Contribution Date
Employee Status		Active, Retired, Involuntary Termination, Voluntary Termination, Gross Misconduct, Deceased
Bargaining Unit	Must be filled per codes provided under the definition.	Codes: FFA - Fire Fighter Association, FMA - Fire Management Association NS - Non-Safety MS - Marine Safety - Ocean Lifeguards PNR - Promoted non- represented NA - Not Applicable

First Name	Must not be empty	
Middle Name		
Last Name	Must not be empty	
Suffix		
SSN	XXX-XX-XXXX (dashes optional)	
Date of Birth		
Gender		
Address Line 1		
Address Line 2		
City		
State		
Zip		
Phone Number		
Employee Contribution Amount	Must be a valid decimal	Use \$0.00 if no contribution
Employer Contribution Amount	Must be a valid decimal	Use \$0.00 if no contribution
Contributory Retiree Amount	Must be a valid decimal or can be empty	Only applicable for employers with a CBA/MOU with a required post-retirement contribution for retirees
Separation Date	Must be a valid date xx/xx/xxxx or can be empty	If a date is provided a Separation Reason needs to be identified
Separation Reason	Must provide with Separation Code or can be empty	Code: RT: Retired PO: Promoted Out INT: Involuntary Terminations VOT: Voluntary Termination GM: Gross Misconduct NA: Not Applicable

Is Last Contribution	Must be a valid boolean (YES/NO or Y/N) or can be empty	
Sick Leave Lump Sum Transfer Amount	Must be a valid decimal or can be empty	
Vacation Leave Lump Sum Transfer Amount	Must be a valid decimal or can be empty	
Other Lump Sum Transfer Amount	Must be a valid decimal or can be empty	Only applicable for employers with a CBA/MOU with Option C Transfer, VEBA, etc.