Please contact the Trust Administration Office with any questions about the Employer Portal.

IAFF MERP Administered by Benefits Programs Administration
Telephone: (844) 353-7839
Email: IAFFMERPemployers@bpabenefits.com

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	Can be an alphanumeric code	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 boolean (YES/NO or Y/N) or can be empty	First Contribution Date
Employee Status		Active, Retired, Involuntary Termination, Voluntary Termination, Gross Misconduct, Deceased
Bargaining Unit	Must be filled per codes provided	Codes: FFA - Fire Fighter Association, FMA - Fire Management Association NS - Non-Safety MS - Marine Safety - Ocean Lifeguards PNR - Promoted non- represented

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** **LD: Leave of Absence** **LF: Leave, Family**

		LY: Leave, Military DD: Deceased 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.**