



TO EMPLOYER: Provide this form to an individual who meets the eligibility requirements of PERA's Defined Contribution Plan (DCP). The individual's election to participate in the DCP must be made **within 30 days of first beginning service** in a DCP eligible position with this entity. You are to complete PART A of this form and provide it to the individual to indicate in Part B their election to either participate or not participate in the DCP. Making no selection within this 30-day period will result in an automatic election to opt-out. Any election is permanent for all current and future service with this employer. **The election form must be signed within 30 days of beginning DCP eligible service with this entity and received by PERA within 60 days of their first day of service.**

Please keep a copy of this form after you have completed Part A and until you receive the signed original from the individual. **Once Parts A and B are completed, submit the form to PERA by using the secure document upload feature in ERIS. You will receive a Transmit ID code upon successful submission.** You may also send by fax or mail, however, PERA must still receive it within 60 days of their first day. Retain a copy for your records.

Eligibility Requirements: Minn. Stat. §353D allows ambulance service personnel and certain rescue squad workers or volunteer firefighters to elect to participate in the DCP as follows:

- Basic and advanced life support emergency medical service personnel may participate if the individual elects DCP coverage within 30 days of the date on which they began to provide services or within 30 days of when the service elected to participate, whichever is later. The election is permanent for all current and future service with this governmental subdivision.
- Litchfield City and Kandiyohi County are authorized under state law to provide DCP membership to its rescue squad personnel who meet the eligibility requirements established by the governing body of the subdivision. To be eligible, the workers cannot be affiliated with a fire department or ambulance service. The person's election is permanent and must be made within 30 days of the date they first began to provide the services.
- Volunteer or emergency on-call firefighters serving in a municipal fire department or an independent nonprofit firefighter corporation not covered by the PERA Police & Fire Plan or a volunteer relief association may pay contributions into the DCP on that firefighter service. The fire department or the firefighting corporation may pay employer contributions into the DCP only if the governing body of the subdivision or the firefighting corporation ratifies the DCP election.

PART A – CERTIFICATION BY EMPLOYER

NAME OF INDIVIDUAL (LAST, FIRST, MIDDLE INITIAL)		SOCIAL SECURITY NUMBER	SEX <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/>
MAILING ADDRESS (CITY, STATE, AND ZIP)			DATE OF BIRTH
NAME OF GOVERNMENTAL SUBDIVISION	PERA EMPLOYER NUMBER	DATE SERVICE FIRST BEGAN	
PAY CYCLE THAT APPLIES TO THE SALARY FOR THIS POSITION <input type="checkbox"/> Weekly <input type="checkbox"/> Semi-Monthly <input type="checkbox"/> Bimonthly <input type="checkbox"/> Annually <input type="checkbox"/> Biweekly <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Other _____			
Employer: Check the box that describes the basis for the individual's DCP eligibility with this governmental entity. <input type="checkbox"/> Basic and advanced life support emergency medical services for a public ambulance service (DCP ambulance plan) <input type="checkbox"/> Services for an approved municipal rescue squad (DCP ambulance plan) <input type="checkbox"/> Volunteer or emergency on-call firefighter			
SIGNATURE OF AUTHORIZED AGENT	POSITION	DATE	DAYTIME TELEPHONE NUMBER

CONTINUED ON NEXT PAGE

PART B – MEMBERSHIP ELECTION BY THE INDIVIDUAL

I do not have prior DCP eligible service with this governmental subdivision and I understand that PERA membership is optional for the position named in Part A. I make the following choice with respect to my option for PERA membership.

Note: Making no selection results in an automatic selection for No PERA Coverage. You must sign the election form within 30 days of first beginning DCP eligible service with this entity and PERA must receive the form within 60 days of your first day of service.

Check only one.

- ☐ **Defined Contribution Plan (DCP) Participation.** I choose to participate in the DCP and understand that contributions required under Minn. Stat. §353D.03, subdivision 1, will be withheld as of the next available pay period. I understand that this membership will preclude withholding Social Security contributions from my public service earnings.
» I understand that my selection is permanent for current and future service with this employer.
- ☐ **No PERA Coverage.** I choose not to exercise my right to join the DCP.
» I understand that my selection is permanent for current and future public service with this employer.

INITIALS	I certify that I do not have prior DCP eligible service with this governmental subdivision. I understand my selection is permanent for current and future DCP eligible public service with this entity.	
SIGNATURE OF INDIVIDUAL		DATE