

VERIFICATION OF EMPLOYMENT STATUS-PRIVATIZATION

PERA MEMBER: The right to enhanced retirement benefits under Minn. Stat. ch. 353F requires a complete and continuous separation for 30 days from privatized employment. If you begin your PERA benefit without a 30-day separation from employment enhanced benefits do not apply.

Please complete Part A below, and have an employer representative complete Part B.

EMPLOYER: Please complete Part B of this form to verify the privatized employment status of the PERA member. Give the completed form to the employee or send it to our office. If there is a change in employment status for this employee after submission of this form, please notify PERA immediately.

Part A - Employee		
Name—Last, First, Middle Initial		
Effective date (always the first of a month)	PERA ID Number	Last four digits of Employee's SSN
Part B - Employer		
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Employer name		PERA Employer (Unit) Number
Will the member terminate privatized employment with $\boldsymbol{\alpha}$	a 30-day separation?	
\square No Enhanced benefits are not payable.		
Yes Enhanced benefits are payable (a 30-day separa	ation from privatized employment is re	quired).
	. , ,	'
Termination date	_	
Privatized employer representative signature	 Title	
Telephone number	Date	
Additional comments		

THIS FORM MUST BE SIGNED BY THE EMPLOYER TO BE VALID

RETURN (MAIL, FAX, OR SECURE EMAIL) COMPLETED FORM TO:

