

# MEMBERSHIP ELECTION FORM

## FOR CERTAIN AMBULANCE, RESCUE, OR VOLUNTEER FIREFIGHTER POSITIONS

Within their first 30 days of work, individuals in certain positions can make a one-time, permanent decision to participate in the Defined Contribution Plan (DCP) or can choose not to participate in any PERA retirement plan if they have no previous PERA eligibility with this governmental subdivision.

### EMPLOYER INSTRUCTIONS.....

PERA must receive completed forms within 60 days of the eligible individual’s first day of work.

- 1. **Complete part A in blue or black ink.** Incomplete forms will result in a delay or cancellation of your request.
- 2. **Instruct individual to complete part B.** They must sign the form within their first 30 days of work.
- 3. **Submit the form to PERA.** Return the form even if no coverage is selected and retain a copy for your records.
  - » Use the secure document upload feature in ERIS or fax or mail the completed form to PERA.

### INDIVIDUAL INSTRUCTIONS.....

You must sign this form within your first 30 days of work in a position eligible for optional PERA membership with this governmental subdivision.

- 1. **Complete part B in blue or black ink.** Incomplete forms will result in a delay or cancellation of your request.
- 2. **Return the form to your employer.** PERA must receive your completed form within your first 60 days of work in this position.

### ELIGIBLE POSITIONS.....

- A. Basic and advanced life support emergency medical service personnel for a public ambulance service
- B. Rescue squad personnel for an approved municipal rescue squad
- C. Volunteer or emergency on-call firefighter

### DCP MEMBERSHIP.....

Minn. Stat. § 353D allows ambulance service personnel and certain rescue squad workers or volunteer firefighters 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 ambulance 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 Ambulance Plan membership to their 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 for 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.

### NO PERA COVERAGE.....

Individuals can choose not to participate in the DCP within their first 30 days of work in a position eligible for optional PERA membership when they have no prior PERA membership with the governmental subdivision. Making no selection within their first 30 days of work in the position is a permanent opt out of the DCP with that governmental subdivision.

If individuals have any prior PERA membership with the governmental subdivision, DCP participation is mandatory.



# MEMBERSHIP ELECTION FORM

## FOR CERTAIN AMBULANCE, RESCUE, OR VOLUNTEER FIREFIGHTER POSITIONS

Please read the instructions listed on page 1 before completing this form. Eligible individuals must sign the form within the first 30 days of PERA-eligible work with this governmental subdivision and PERA must receive completed forms within their first 60 days of work in this position.

### PART A—FOR COMPLETION BY EMPLOYER

NAME OF GOVERNMENTAL SUBDIVISION		PERA EMPLOYER NUMBER	
INDIVIDUAL LAST NAME	INDIVIDUAL FIRST NAME & MIDDLE INITIAL		FIRST DAY OF WORK-MM/DD/YYYY
GENDER <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> _____		BIRTH DATE-MM/DD/YYYY	SOCIAL SECURITY NUMBER
ADDRESS—STREET		CITY	STATE    ZIP CODE
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 _____			

Check the box that describes the basis for the individual's DCP eligibility with this governmental entity:

- ☐ **A.** Basic and advanced life support emergency medical services for a public ambulance service (DCP Ambulance Plan)
- ☐ **B.** Services for an approved municipal rescue squad (DCP Ambulance Plan)
- ☐ **C.** Volunteer or emergency on-call firefighter (DCP Volunteer Firefighters Plan)

SIGNATURE OF EMPLOYER REPRESENTATIVE	POSITION	DATE	DAYTIME TELEPHONE NUMBER
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### PART B—FOR COMPLETION BY INDIVIDUAL

I make the following permanent choice with respect to optional membership with PERA:

- ☐ **Defined Contribution Plan (DCP)\***
- ☐ **No PERA Coverage**

\*PERA membership may, depending upon income, lower or eliminate the tax deductibility of contributions to an IRA.

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