

Election by Labor Organization Employee For PERA Retirement Plan Coverage



Public Employees Retirement Association 60 Empire Drive, Suite 200, St. Paul, MN 55103
 PERA Employer Fax Number: 651 296-2493; Employer Lines: 651 296-3636 or 1-888-892-PERA

INSTRUCTIONS: If you are a public employee who has been contributing to PERA's Coordinated Plan and you are taking an authorized leave of absence from your employer to work for a labor organization that represents public employees, you may choose to continue to contribute to PERA from your earnings as a labor organization employee. To make this election, you must complete, sign, and return this form to PERA **within six months following commencement of your employment** with the labor organization. PERA must receive verification from the employer who granted you leave of absence indicating that you were placed on leave to become a labor organization employee.

Your option to elect to contribute to PERA as an employee of a labor organization is provided in Minnesota Statutes, § 353.017, subdivision 1, which states:

. . . a coordinated member of the association who is on an authorized leave of absence, and who is an employee of a labor organization that represents public employees who are association members may elect, under subdivision 2, to continue to be a coordinated member with respect to employment by the labor organization subject to the limitations set forth in subdivisions 4 and 7.

ELECTION

Name of Employer which granted Leave of Absence		Effective Date of Leave (MM/DD/YY)
Name of Employing Labor Organization		Date of Hire (MM/DD/YY)
Member Name (Please Print) Last	First	M.I.
Street Address (residence)		
City	State	Zip Code

I, the undersigned, state that I am a Coordinated Plan member of PERA who was placed on an authorized leave of absence to become an employee of a labor organization that represents public employees. I elect to be covered by PERA membership based on my current status as an employee of a labor organization.

Signature

Date (MM/DD/YY)

Social Security Number

Important: The data collected through this form will be used for identification and documentation purposes. The member's Social Security number and address are classified as PRIVATE and are available only to you, to the PERA staff who must use it to conduct PERA business, and to entities authorized access by law. No private data of yours will be shared with any unauthorized person(s) or agency without your informed written consent.