



# Questionnaire for Prospective PERA Employers

Public Employees Retirement Association of Minnesota

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Agency Name: \_\_\_\_\_

Address: \_\_\_\_\_

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Name of person completing questionnaire: \_\_\_\_\_

Phone: \_\_\_\_\_

1. Please briefly describe the purpose for which your agency was established. (Or, what service or services was your agency created to provide?)

\_\_\_\_\_  
\_\_\_\_\_

2. From the list provided, please check the one box that best describes your agency.

Governmental agency

Private agency

Public non-profit agency (please answer question 2a below.)

Other, please specify: \_\_\_\_\_

- 2(a) If non-profit, was your agency created under Minnesota Statutes, Chapter 317A?

Yes

No. If not, which MN Statute? \_\_\_\_\_

3. Was your agency established under a *general* section of law other than Chapter 317A?

Yes—please answer 3(a)

No

Not applicable

3(a) If yes, under which chapter was it created? Please attach a copy of the statute, if applicable.

4. Did the Legislature *specifically* create your organization with passage of a particular statute or law?

Yes

No

*If Yes, please provide the chapter or statutory reference for it.*

\_\_\_\_\_

5. Was your agency established by action of a city, county, township or school district?

Yes—please enclose a copy of the enactment

No

6. Does your agency have the authority to adopt ordinances or other types of codes?

Yes—please describe below.

No.

\_\_\_\_\_

7. Does your agency have a charter or by-laws?

- Yes—please enclose a copy       No

8. Does your agency operate under its own board of directors or governing board?

- Yes—please go to item 9.       No—please go to question 10.

9. Please list the board positions and the constituencies each position represents, if applicable. ***If members are elected to the governing board directly by the public at large in the political subdivision, please check that they are elected.*** If members are placed on the board by another official or governing body (county commissioners or city council, for example), please indicate members are *appointed* to their positions. Please attach additional pages if there are more than six positions on the board.

Your Board (if applicable)			
Board position or constituency	Elected	Appointed	By whom elected or appointed?
	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	

10. Does your agency operate under the governing body of a **governmental or political subdivision** (*city council, county commission, town or school board, or other governmental entity*)—*other than or in addition to the governing body discussed in items 8 and 9 above?*

- Yes—please go to item 11.       No

*If yes, please list the governmental or political subdivision:* \_\_\_\_\_

11. What authorities, responsibilities or roles does the governmental body in item 10 (if applicable) possess in the governance of your agency? Please, mark all that apply.

- Hires or approves the director or agency head
- Appoints some or all of the members of the governing board
- Adopts the budget and thus directly controls agency spending
- Provides all or most of the funds for operations
- Other, please specify: \_\_\_\_\_

12. In the following table, please indicate the amounts of revenue (income) that you receive or expect to receive in your most recent business or fiscal year from the sources listed. Indicate in the third column (Percentage of Total Income), the percentage of your total income that each

revenue source represents. If your agency has no previous spending history, please provide what you expect for income based on your projected budget. You may submit a copy of your budget if you wish.

Revenue Source	Annual Amount Received	Percentage of Total Income
Fees <sup>a</sup>		
Taxation		
Governmental subsidies or grants		
Other source, please list:		
Other source, please list:		

<sup>a</sup> Please explain source of fees, if applicable.

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13. Does your agency have the authority to levy for taxes?

Yes  No

*If yes, please provide a copy of the statute or ordinance that gives levy authority.*

14. Does your organization claim exemption from federal tax under Section 501(c)3 of the U.S. Internal Revenue Code?

Yes  No  Applied for

*If yes, please specify the nature of the exemption and provide documentation to support it.*

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15. Does your organization have its own federal employer tax identification number?

Yes ..... Please indicate the number: \_\_\_\_\_

No

*If No, what organization's tax identification number do you use, and what is it?*

Organization:	Tax ID number:
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16. Was your agency created as a result of a joint powers agreement among two or more governmental subdivisions under Minnesota Statutes Chapter 471.59?

Yes  No

*If Yes, please provide a copy of the joint powers agreement.*

17. Do you, or do you plan to contract with another *separate* public or private agency to provide the personnel or services to be offered by your agency?

- Yes  No

*If yes, please enclose a copy of the contract or agreement under which this arrangement made.*

18. Are your employees currently being reported to PERA by another *governmental* employer for services rendered to your agency?

- Yes  No

*If yes, under what agency name are the employees enrolled and when did contributions start?*

\_\_\_\_\_ Agency name \_\_\_\_\_ contributions started (date)

19. Have employees been participating in a retirement plan *other* than one administered by PERA for service employees are rendering to your agency?

- Yes  No

*If Yes, what plan have the employees been contributing to and what firm is providing it?*

\_\_\_\_\_ Plan name \_\_\_\_\_ Firm or agency providing the plan

20. Authorization. I request that PERA determine whether my agency may be considered a governmental employer for the purpose of enrolling employees in a pension plan (or plans) administered by the Public Employees Retirement Association of Minnesota.

\_\_\_\_\_ Signature of Agency's Chief Executive \_\_\_\_\_ date

***Upon completion of this questionnaire, please return it to: Public Employees Retirement Association, Suite 200, 60 Empire Drive, Saint Paul MN 55103-1855. Thank you! If you have questions, you may contact PERA's employer line at 651 296-3636 from the Twin Cities Metropolitan Area or toll free at 888 892-7372 and selection option 4 from the menu.***

For PERA use only		
Pay schedule	Reporting method	Business year
PERA contact		County
		Reporting agency