

# Correctional Plan Certification



**Public Employees Retirement Association**, 60 Empire Dr, Ste. 200, St. Paul MN 55103-2088  
PERA Employer Fax Number: 651 296-2493; Employer Phone Lines: 651 296-3636 or 1-888-892-PERA

This form is used to certify the eligibility of an employee for PERA's Local Correctional Employees Retirement Plan. Submission of this form alone does not enroll an individual into the Correctional Plan. To enroll a new member, an employer must submit this form along with a Notice of Member Enrollment Form or the Demographic Data Record if you report electronically. Mail or fax your completed forms to PERA.

The data collected on this form will be used for identification purposes and to document the employer's certification of PERA eligibility. The member's Social Security number is classified PRIVATE and is available only to this person, to the staff who use it to conduct PERA business, and to entities authorized access by law. Private data on this member will not be shared with an unauthorized person without written consent from this individual.

## Eligibility Requirements

To be eligible for the Local Correctional Employees Retirement Plan the employee must:

- be employed in either:
  - a) a county correctional institution as a correctional guard or officer, a joint jailer/dispatcher, or a position equivalent to these specified position titles; or employed as a supervisor of correctional guards, officers, or joint jailers/dispatchers; or
  - b) the Hennepin County Medical Center as a protection officer;
- be expected to respond to any incidents within the county correctional institution or medical center (as applicable) as part of the person's regular employment duties and is trained to do so;
- be a public employee as defined in section 353.01 but not a member of the PERA police and fire fund; and
- if employed in a county correctional institution, the employee must be directly responsible for the security, custody, and control of the county correctional institution and its inmates.

## Employer Certification

<b>Name of Employer Agency:</b>	<b>Employer ID Number (6 digits):</b>
<b>Employee Name (Last, First, Middle Initial):</b>	<b>Social Security No:</b>
<b>Title of Position Held by this Employee:</b>	<b>Plan Eligibility Effective Date:</b>
I declare that I am a representative of the agency listed above and am authorized by my employer to certify the eligibility of employees for the PERA Correctional Plan. I state that for the services performed for our agency by the individual listed above meet the legal conditions for participation in the Local Correctional Employees Retirement Plan as outlined.	
<b>Name of Employer Representative</b>	<b>Date Form Completed</b>
<b>Title of Representative</b>	<b>Day-time Phone</b>