

Defined Contribution Plan Membership Certification for Certain Ambulance, Rescue or Volunteer Fire Fighter Positions



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

To the Employer: Complete this form for an individual who meets the eligibility requirements of PERA's Defined Contribution Plan (DCP) as defined in Minnesota Statutes Chapter 353D and who has notified you of his or her desire to participate in the DCP. A summary of the applicable DCP eligibility provisions are noted below. Upon completing this form, please mail or fax it to PERA and retain a copy for your records.

Eligibility Requirements: Minnesota Statutes Chapter 353D allows ambulance service personnel and certain rescue squad workers or volunteer fire fighters to elect 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 he or she began to provide services. The election by the individual is revocable.
- Litchfield City and Kandiyohi County are authorized under state law to provide DCP membership to its 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, which is irrevocable, is to be made within 30 days of the date on which he or she began to provide the services.
- Volunteer or emergency on-call fire fighters serving in a municipal fire department or an independent nonprofit firefighter corporation not covered by the PERA Police and Fire Plan or a volunteer firefighter relief association may pay contributions into the DCP on 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.

CERTIFICATION BY EMPLOYER

Individual's Social Security Number		This number must match the person's Social Security card and recorded in your records. PERA cannot process an enrollment without this data.			
Individual's Last Name: Last	First	Middle Initial	Title (Jr. Sr. III)	Birth Last Name (if known)	
Mailing Address (Number and Street, Rural Route, PO Box, etc.)			City	State	Zip Code
Date of Birth	Sex	<input type="checkbox"/> Male	<input type="checkbox"/> Female		
I affirm that this individual holds a position that qualifies for membership in the Defined Contribution Plan and that he or she has chosen to have DCP coverage based on the services rendered as follows: (Check one)					
<input type="checkbox"/> Basic and advanced life support emergency medical services for a public ambulance service (DCP ambulance plan)					
<input type="checkbox"/> Services for an approved municipal rescue squad (DCP ambulance plan)					
<input type="checkbox"/> Volunteer or emergency on-call fire fighter					
Employer No. (6-digit PERA ID#)		Name of Employer (Governmental Subdivision and Department)			
PERA Eligibility Date for this Position					
Pay Cycle(s) that apply to the salary for this person					
<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:		
Authorized Agent's Signature			Date		Daytime Telephone No.

Data collected will be used by PERA for identification and documentation. The individual's Social Security Number, birth date and address are classified as PRIVATE and will not be shared with an unauthorized person without written consent from the member. The Data Practices Act requires that a person asked to supply private data be informed of the purpose and intended use within the collecting government entity and the identity of other agencies authorized to receive the data. Thus, if not already doing so, you must disclose to your employees that certain private data you collect is shared with PERA.

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