

Membership Eligibility Checklist

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



This checklist is a tool to help you to determine if an employee, or a person elected to a local non-governing body position, is eligible for membership in a Defined Benefit Plan (DBP) administered by the PERA. Use this checklist as a reference only. Do **NOT** submit it to PERA. Keep it in the person's personnel file as documentation.

Do not use this checklist if the person is elected to a governing-body position as that position is excluded from DBP membership. Likewise, do not use this checklist if the person is employed *solely* in a temporary position that you have predetermined to be six months or less, or if the person is employed *solely* in a seasonal position that you are limiting to 185 consecutive calendar days or less in each year of employment. (Temporary and seasonal employees whose employment duration remains under the limits in law are excluded from DBP membership.)

Name of Governmental Subdivision	Person Completing Form	Date of Completion / /
Name of Employee	Position Title	Date Employment Began / /
<p>1. Is this employee receiving a PERA monthly pension?</p> <p><input type="checkbox"/> Yes. Stop completing the checklist. Enroll the person in PERA's Exempt Plan and begin reporting his/her earnings on your Salary Deduction Report. Do not remit employee or employer contributions.</p> <p><input type="checkbox"/> No. Continue completing this checklist.</p> <p>2. Check the box that most accurately describes the current employment situation for the person:</p> <p><input type="checkbox"/> New hire or rehire <input type="checkbox"/> New position</p> <p><input type="checkbox"/> Employee assumed an additional position <input type="checkbox"/> Annual review of non-participants</p> <p>3. Determine the anticipated annual salary of the position. Use exact amounts, if known; otherwise, make a good faith estimate based on relevant factors (e.g. history of the position, budgeted amounts).</p> <p>a. Number of work hours per day: _____ or per week: _____</p> <p>b. Number of work days (or weeks) per year: _____</p> <p>c. Multiply the total of 3a x 3b: _____ (This is the estimated number of annual work hours.)</p> <p>d. Rate of Hourly Pay: \$ _____</p> <p>e. Multiply the total of 3c x 3d: \$ _____ (This is the anticipated annual salary of the position.)</p> <p>4. Will the person serve in more than one position at the same time?</p> <p><input type="checkbox"/> Yes. Repeat the steps below to calculate the anticipated annual salary for the other position.</p> <p><input type="checkbox"/> No. Continue to number 5.</p> <p>a. Number of work hours per day: _____ or week: _____ or other period: _____</p> <p>b. Number of work days per year: _____</p> <p>c. Multiply the total of 4a x 4b: _____ (This is the estimated number of annual work hours.)</p> <p>d. Rate of Hourly Pay: \$ _____</p> <p>e. Multiply the total of 4c x 4d: \$ _____ (This is the anticipated annual salary of the position.)</p> <p>f. Add 3e and 4e: \$ _____ (This is the total anticipated annual salary of the employee.)</p> <p>5. Is the position that of a local elected non-governing body position, a city manager, or a physician?</p> <p><input type="checkbox"/> Yes. The person has the option to join the Coordinated Plan or the Defined Contribution Plan but must do so in writing. Refer to the Employer Manual Chapters 3 and 4 for details about the form to be completed by the person and the time period in which he/she may exercise the right for optional membership.</p> <p><input type="checkbox"/> No. Immediately enroll the person in the appropriate PERA DBP and begin contributions.</p> <p>6. Is the amount in 3e (or 4f) more than \$3,800 if the person is a school year employee or \$5100 for all others?</p> <p><input type="checkbox"/> Yes. Immediately enroll the person in the appropriate PERA DBP and begin contributions.</p> <p><input type="checkbox"/> No. The person is excluded from DBP membership. Complete the <i>Notice of PERA Membership Exclusion</i> and give it to the person within two weeks of making this determination. Monitor the person's earnings and if they exceed the minimum annual amount, immediately enroll the person in the proper DBP and contact PERA to discuss the collection of omitted contributions.</p>		