

Notice to Discontinue Defined Contribution Plan Participation

(Local Elected Officials or City Managers in Minnesota)



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

Information and Instructions: Minn. Stat. Chapter 353D permits local elected officials and city managers who are participating in the PERA Defined Contribution Plan (DCP) to discontinue such membership at any point during their incumbency/employment. Upon doing so, however, the individuals may not receive a full or partial distribution of their DCP account balances unless age 65 or older, or until they terminate all public service.

An elected official or city manager who wishes to discontinue his or her DCP participation must complete and sign Part A below and give this form to the payroll representative of the employing governmental entity. The employer must complete Part B of this form and mail or fax it to PERA, after retaining a copy.

Note: Data collected on this form will be used by PERA for identification and documentation. The individual's Social Security Number is classified as PRIVATE and will not be shared with an unauthorized person without written consent of the individual.

PART A – MEMBER’S REQUEST (For completion by the elected official or city manager)			
1. Name - Last, First, M.I.		2. Social Security number - -	
3. Position held (check one): <input type="checkbox"/> Elected Official (read 3a below) <input type="checkbox"/> City Manager (read 3b below)			
a. As a local elected official, I hereby exercise my right to discontinue my participation in the DCP. In taking this action I understand that: <ul style="list-style-type: none"> • Unless I am age 65 or older, I am not entitled to receive payment from PERA of my full or partial DCP account balance until my incumbency in office ends, • I may re-enroll in the DCP at any time while I continue to hold this elected position (as long as I am not a member in the Coordinated Plan for this service), and • If I again become a member of the PERA DCP, I will not be able to pay contributions for the past period(s) for which I had discontinued participation. 		b. As a city manager, I hereby exercise my right to stop my DCP participation. In doing so, I understand that: <ul style="list-style-type: none"> • Unless I am age 65 or older, I cannot receive payment from PERA of my full or partial DCP account balance until my termination from public service, • I may re-enroll in the DCP at any time while I hold this position (if not contributing into the PERA Coordinated Plan as city manager), • If I again become a DCP member, I will not be able to pay contributions for the past period(s) for which I had discontinued participation, and • I have a one-time irrevocable option to rescind my decision to be excluded from the PERA Coordinated Plan. I also understand that I can, with city council approval, reinstate the Coordinated Plan membership on a prospective basis by following the procedures established by PERA. 	
4. Signature of Elected Official or City Manager			5. Date
PART B - CONFIRMATION (For completion by a representative of the governmental unit)			
I state that member salary withholdings and employer contributions for participation in the DCP will be discontinued as requested by the above-named individual effective: ____ / ____ / ____			
Name of Employing Unit		Employer ID No. (as assigned by PERA)	
Name of Employer Representative	Job Title	Phone Number or E-mail address	
Signature of Employer Representative			Date