

# Membership Election by Public Officials

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



Deductions for coverage in the PERA Defined Contribution Plan (DCP) must not begin until the eligible individual has made a written selection to participate. The employing unit must send this form to PERA only if the eligible official has chosen to enroll in a PERA pension plan (retain this form if the person does not choose to join PERA).

PART A - CERTIFICATION OF PLAN ELIGIBILITY (to be completed by governmental unit)			
Name of Governmental Subdivision		PERA Employer No.	
Name of Public Official (Last, First, M.I.)	Soc. Sec. No. - -	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Position Title
Date Person Took the Position	Pay Cycle(s) that Apply to the Salary of this Position <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:		
<b>Eligibility</b> – Check the box below that describes the reason that the named individual is eligible for DCP membership based on services he or she provides to the identified governmental entity:			
<input type="checkbox"/> <b>A*</b> Local <i>elected</i> official holding a <i>non-governing body position</i> (i.e. county auditor, treasurer or attorney; city clerk, certain township clerks) or a person <i>appointed</i> to fill a vacant local elected non-governing body position.			
<input type="checkbox"/> <b>B</b> Official <i>first elected after June 30, 2002</i> to a local <i>governing-body</i> position (i.e., county commissioner, city council, school board, township supervisor, soil and water board, or other special district board) or a person who is <i>appointed</i> to fill the unfinished term of an elected official who is vacating a <i>governing-body</i> position			
<input type="checkbox"/> <b>C</b> Person <i>first appointed after June 30, 2010</i> , to a board or commission of this governmental subdivision and who has compensation for this position that exceeds \$5,100 per year, or			
<input type="checkbox"/> <b>D</b> Elected county sheriff who is currently receiving retirement benefits from the PERA Police and Fire Plan			
*A person elected to a <i>non-governing-body position</i> who earns more than \$5,100 per year may join the Coordinated Plan instead of the DCP.			
Signature of Employer Representative		Date	Daytime Telephone No.

PART B - MEMBERSHIP SELECTION (to be completed by Elected/Appointed Official)	
I make the following choice with respect to my option for PERA membership as an eligible elected or appointed official. (Check only one box as you may not join two PERA plans for wages earned in a single eligible position with an entity.)	
<input type="checkbox"/> <b>Defined Contribution Plan – Membership is open to all positions listed above.</b> If you choose this membership, participation will begin the earlier of the first day in which DCP contributions are taken from your salary, or the date this form is received by PERA provided it is received within 60 days of the contributions. With some exceptions, this membership may preclude withholding Social Security contributions from your public service earnings. <u>A choice for DCP coverage is revocable during incumbency. Upon filing the proper application form, a full or partial distribution of account value is payable only upon termination of all public service unless you are age 65 or older.</u>	
<input type="checkbox"/> <b>Coordinated Plan – You may choose this coverage only if you hold a local elected <i>non-governing body position</i> (denoted by Box A above) and you have salary in excess of \$5,100 per year.</b> If you choose this coverage, membership begins on the first day for which plan contributions are deducted from eligible earnings provided that PERA receives this written election within 60 days of the receipt of the contributions. Social Security taxes will be withheld from earnings in addition to the deductions taken for coverage in this retirement plan. <u>A choice for this coverage is irrevocable for your current and any successive terms in office.</u>	
<input type="checkbox"/> <b>No PERA Plan</b> – I choose to not exercise my right to join a PERA plan at this time. I understand that I must pay Social Security taxes unless I am an elected sheriff who is a retired member of the Police and Fire Plan.	
<b>Note: PERA membership may, depending upon income, lower or eliminate the tax deductibility of contributions to an IRA.</b>	
Signature of Elected/Appointed Official	Date
If you have chosen to join PERA, provide your mailing address and date of birth for identification and mailing purposes.	
Mailing Address (include city, state, and zip code)	Date of Birth / /