



## PUBLIC EMPLOYEES' RETIREMENT SYSTEM (PERS) OPTIONAL MEMBERSHIP ELECTION

**(Do not give this form to PERS retirees.)**

This election must be completed by both employee and employer and received by MPERA within **90 days** of the employee's hire date or the employee waives membership. If any information in this form conflicts with statute or rule, the statute or rule will apply. If you have any questions about optional membership, please contact our office.

### EMPLOYEE INFORMATION – to be completed by employee

Last Name	First Name, MI	Social Security Number *
Date of Birth	Email Address	Phone Number (     )

Membership is optional only for certain new employees. (See optional positions below.) If you are currently an active or inactive member of PERS (already have contributions in PERS through this or any other agency), you cannot elect out of PERS. By signing below, I acknowledge that I understand:

- If I have contributions on account at MPERA, I must contribute to PERS;
- **If I decline membership, I cannot later become a member of PERS while still employed with the same employer but in a different optional position;**
- If I decline membership, terminate employment, and become employed in another optional position within 30 days of termination, I may not become a member in the second optional position;
- If I decline membership, terminate employment, and become employed in another optional position 30 days or more after my termination, I am allowed a new election;
- If I decline membership, I will not receive membership service or service credit for employment for which membership was declined; and
- If I subsequently accept employment in a position for which retirement is mandatory, I must become a member regardless of this election.

I am eligible to choose PERS membership due to employment with this agency and I am **not** an active, inactive or retired member of PERS.

#### **ELECTION**

- I decline PERS membership
- I elect PERS membership (Please complete a PERS Membership Card / Designation of Beneficiary)

Employee Signature	Date
--------------------	------

### EMPLOYER INFORMATION – to be completed by employer

Employee's Hire Date	Employing Agency	Employer Number
----------------------	------------------	-----------------

Please verify the above employee is eligible for optional membership. Working retirees, excluded employees and mandatory members are NOT eligible for an optional membership election. § 19-3-401,403 and 412, MCA.

**Check the type of optional position** (you must check only one):

- Employee directly appointed by the Governor
- Chief administrative officer of a city or county
- Legislative branch employee working 10 months or less to perform work related to the legislative session
- New employee of a county hospital or rest home
- Employee working 960 hours or less in PERS-covered positions

Printed Name	Title	Phone Number (     )
--------------	-------	-------------------------

Signature	Date
-----------	------

**Return completed form to MPERA within 90 days of hire. Retain a copy for your records.**

\* For identification and tax purposes. §19-2-403(7) MCA, 26 USC § 6041A and 6109